Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **April 16**th **through 30th.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Approval No. 0348-0043

APPLICATION FOR	2. DATE SUBMITTED	1 22 2002	Applicant Identifier
FEDERAL ASSISTANCE	Apri	1 23, 2003	
1. TYPE OF SUBMISSION: Application Preapplication ☐ Construction ☐ Construction	3. DATE RECEIVED B	Y STATE	State Application Identifier
		Y FEDERAL AGENCY	Federal Identifier 3-06-0226
5. APPLICANT INFORMATION			
Legal Name: City of San Jose		Organizational Un Norman Y. N	it: Iineta San Jose International Airport
Address (give city, county, state, and zip code) 1732 N. First Street, Suite 600 San Jose, CA 95148		this application (g	one number of the person to be contracted on matters involving five area code) 4085017629
EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APP	LICANT: (enter appropriate letter in box)
9 4 - 6 0 0 0 4 8. TYPE OF APPLICATION: New Continuation Revision If Revision, enter appropriate letter(s) in box(es):	1 9	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization
/	Duration		
D Decrease Duration Other (specify)		9. NAME OF FED	DERAL AGENCY
			al Aviation Administration
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE: Airport Improvement Program (AIP) 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Jose, California		To design, pr baggage scre	TE TITLE OF APPLICANT'S PROJECT: Cocure and install a fully automated in-line Sening system to support explosive detection on Checked bags.
13. PROPOSED PROJECT 14. CONGRESSIONAL D	ISTRICTS OF		
Start Date	NOTATO OF		b. Project 15th
15. ESTIMATED FUNDING	6. IS APPLICATION S	UBJECT TO REVI	EW BY STATE EXECUTIVE ORDER 12372 PROCESS
a. Federal \$ 14,872,518 · a			/APPLICATION WAS MADE AVAILABLE TO THE DER 12372 PROCESS FOR REVIEW ON
b. Applicant \$ 3,582,027 ·			
c. State \$.	DATE	;	
d. Local \$	b. NO	PROGRAM IS NOT	COVERED BY E. O. 12372
e. Other \$.		OR PROGRAM HA	S NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program income \$. 1	7. IS THE APPLICAN	T DELINQUENT OF	N ANY FEDERAL DEBT?
g. TOTAL \$ 18,454,545 · Yes If yes, attach an explanation No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative Peter Jensen b. Title Assistant to the City Manager C. Telephone number 408-277-3183			
d. Signature of Authorized Representative V-2303			
- tank Kirth		<u> </u>	
Previous Editions Not Usable Author	orized for Local F	Reproduction	Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102
		STATE CL	EARING HOUSE

OMB Approval No. 0348-0043 APPLICATION FOR 2 DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE 02/27/2003 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Preapplication Application Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Fire Department Butte County Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving 176 Nelson Avenue this application (give area code) Bill Sager, Fire Chief (530) 538-7111 Oroville, Butte County, CA 95965 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 9 4 -6 0 0 0 5 0 6 В H. Independent School Dist. A. State 8. TYPE OF APPLICATION: I. State Controlled Institution of Higher Learning B. County C. Municipal J. Private University Revision X New Continuation D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization C. Increase Duration G. Special District N. Other (Specify) _ B. Decrease Award A. Increase Award staa lagt. D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: United States Dept. of Agriculture 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Construct a Fire Station at the 0 - 7 6 6 intersection of Eaton Rd. and TITLE: Community Facilities Loans/Grants Hicks Ln. in Chico CA 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Rural Butte County 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date a. Applicant b. Project b6/01/03l07/01/04 CA2 CA2 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. Federal 2,200,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE 00 b. Applicant \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: c. State S DATE 03/26/03 00 d. Local S b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 00 OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other \$ FOR REVIEW 00 \$ f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL S Yes If "Yes," attach an explanation. ₹XNo 2,200,000 18, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE

D A

OCUMENT HAS BEEN DULY AUTHORIZED BY THE GO	VERNING BODY OF THE APPLICANT AND TI	HE APPLICANT WILL COMPLY WITH I
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWA	RDED.	
. Type Name of Authorized Representative	b. Title	c. Telephone Number
Debart Deeler	Board Chair	(530) 530 6034

Robert Beeler

d. Signature of Authorized Representative

e. Date Signed

Previous Edition Usable

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APR 3 0 2003

STATE CLEARING HOUSE

APPLICATION FOR		-		OND Approvarito. 00-10-00-1
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED		Applicant Identifier
		APRIL 17, 20	0.3	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication			
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION				
Legal Name:			Organizational Unit:	, ,
AMADOR W	JATER AGENCY		Special Dis	trict
Address (give city, county, State,	and zip code):		Name and telephone r	number of person to be contacted on matters involving
128AD Ridge	ROAD		this application (give a	rea code)
suffer creek,	AMADOR COUNTY		michael J. Le	e 209-257-5207
CALIFORNIA	95685		Gene MANCE	BO 209-257-5245
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)
68-0029	151717			G
6000-1811	12111		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of Higher Learning
∭ New	Continuation	Revision	C. Municipal	J. Private University
7			D. Township	K. Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual
		<u></u>	F. Intermunicipal	M. Profit Organization
A. Increase Award B. Deci	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other(s	specify):			
			9. NAME OF FEDERA	AL AGENCY:
			USDA RUPAH	L DEVELOPMENT (RUS) TLE OF APPLICANT'S PROJECT:
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NI	IMRER:	11 DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:
10. CATALOG OF FEBERAL DO	רו בפולו לפוסי לווים וויכ			
		10-760	Ruckhorn	Water treatment
TITLE: Water & W	aste n'esseal la	n & grant program		1 1 1 1 1
12 APEAS AFFECTED BY PRO	VECT (Cities Counties Sta	tes etc.)	Plant Rep	acomple CI19FCF.
TITLE: WATER & Waste Disposal loan & grant program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Plant Replacem RECEIVED				
Amador County	CAlifornia			1 400 0
7	14. CONGRESSIONAL DIS			APR 3 0 7 113
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	03		
Start Date Ending Date	a. Applicant		b. Project	STATE CLEARING HOUSE
1	03		03	CLEAHING HOUSE
				SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:				
		00	ORDER 12372 PR	CCESS?
a. Federal	\$ 7,000,0 \$ 250,0	000	- VEC THE DOE	APPLICATION/APPLICATION WAS MADE
	·, - · · · · · · · · · · · · · · · · · ·	00		TO THE STATE EXECUTIVE ORDER 12372
b. Applicant	\$ 250	000°	l .	
		00	1	FOR REVIEW ON:
c. State	\$		DATE 4	125/03
			DA!E	100705
d. Local	\$	•••		AM IS NOT COVERED BY E. O. 12372
		CO		GRAM HAS NOT BEEN SELECTED BY STATE
e. Other	\$, •		•
		00	FOR REV	/IEVV
f. Program Income	\$	•		
		00	17. IS THE APPLICAT	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 77500		Yes If "Yes,"	attach an explanation.
	7,250,0	700		/ /
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	A HON/PREAPPLICAT	TION ARE TRUE AND CORRECT, THE
			E APPLICANT AND TI	HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF				In Talanhara Number
a. Type Name of Authorized Rep	resentative	b. Title	(Aa	c. Telephone Number 209 - 257 - 5207
michael J. Lee		Financial Sen	nces manager	
d. Signature of Authorized Repre	sentative			e. Date Signed





U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Part 1: Recipient Information		
Project Information: Eastside LRT		<u> </u>
Budget Number:	5 - Budget Pending Approval	PENELIPE
Project ID:	CA-03-0508-04	
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN	TRANSPORTATION AUTHORITY
Recipient ID:	5566	

STATE CLEARING HOUSE

Project Number:	CA-03-0508-04	
Recipient ID:	5566	
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY	
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932	
Telephone:	(213) 922-2459	
Facsimile:	(213) 922-2476	

Union Information

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	234 LOMA DRIVE
Address 2:	
City:	LOS ANGELES, CA 90026 0000
Contact Name:	CHERYL PARISI
Telephone:	(213) 484-8300
Facsimile:	(213) 484-9629

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	234 LOMA DRIVE
Address 2:	
City:	LOS ANGELES, CA 90026 0000
Contact Name:	ELIZABETH GARFIELD

-	Telephone:	(213) 381-1828
-	Facsimile:	

Recipient ID:	5566
Union Name:	TEAMSTERS, LOCAL 911
Address 1:	3202 E. WILLOW STREET
Address 2:	
City:	LONG BEACH, CA 90806 0000
Contact Name:	RAYMOND WHITMER
Telephone:	(562) 595-4518
Facsimile:	(562) 427-7298

Recipient ID:	5566
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	15999 CYPRESS AVENUE
Address 2:	
City:	IRWINDALE, CA 91706 0000
Contact Name:	JAMES WILLIAMS
Telephone:	(626) 962-9980
Facsimile:	(626) 962-8079

Recipient ID:	5566
Union Name:	TRANSPORTATION COMMUNICATIONS UNION
Address 1:	2903 LYNROSE DRIVE
Address 2:	
City:	ANAHEIM, CA 92804 0000
Contact Name:	RAYMOND HUFFER
Telephone:	(714) 828-0703
Facsimile:	(714) 828-0571

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	234 LOMA DRIVE
Address 2:	
City:	LOS ANGELES, CA 90026
Contact Name:	SUSAN GREENWOOD
Telephone:	(213) 484-8300
Facsimile:	(213) 484-9629

Recipient ID:	5566
Union Name:	AFSCME

Page 7 of 19 View Print

Address 1:	3200 WILSHIRE BOULEVARD
Address 2:	SUITE 1100
City:	LOS ANGELES, CA 90010 1315
Contact Name:	DANE SHELDON
Telephone:	(213) 383-1277
Facsimile:	(213) 487-7350

Recipient ID:	5566
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	LOCAL 1277
Address 2:	3200 WILSHIRE BOULEVARD
City:	LOS ANGELES, CA 90010 1315
Contact Name:	NEIL SILVER
Telephone:	(213) 383-1277
Facsimile:	(213) 487-7350

Part 2: Project Information

Project Type:	Grant				
Project Number:	CA-03-0508-04				
Project Description:	Eastside LRT				
Recipient Type:	Transit Authority				
FTA Project Mgr:	Ray Tellis				
Recipient Contact:	Charlene Lee Lorenzo				
New/Amendment:	Amendment				
Amend Reason:	Increase Award				
Fed Dom Asst. #:	20500				
Sec. of Statute:	5309				
State Appl. ID:	None Specified				
Start/End Date:	Apr. 01, 2002 - Jun. 30, 2009				
Recvd. By State:	Apr. 18, 2003				
EO 12372 Rev:	YES				
Review Date:	May. 10, 2003				
Planning Grant?:	NO				
Program Date (STIP/UPWP/FTA Prm Plan):	Jan. 17, 2003				
Program Page:	29				
Application Type:	Electronic				

Gross Project Cost:	\$4,917,913
Adjustment Amt:	\$0
Total Eligible Cost:	\$4,917,913
Total FTA Amt:	\$3,934,330
Total State Amt:	\$0
Total Local Amt:	\$983,583
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	18-Jun-2003
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

OMB Approval No. 0348-004 APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE April 23, 2003 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: State Application Identifier Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: The Regents of the University of California **IST:**Interactive University Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): this application (give area code) University of California at Berkeley, Sponsored Projects David A Greenbaum (510) 642-7429 Office, 336 Sproul Hall, Berkeley, CA 94720-5940 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 9 4 - 6 0 0 2 1 2 3 1 A. State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University Continuation Revision New D. Township K. Indian Tribe E. Interstate L. Individual If Revision, enter appropriate letter(s) in box(es) M. Profit Organization F. Intermunicipal C. Increase Duration G. Special District N. Other (Specify) B. Decrease Award A. Increase Award D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: STATE CLEARING HOUS DEPARTMENT OF COMMERCE 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: - 5 5 2 1 1 The CITY|WATERSHED Project will increase community involvement in and understanding of the urban watershed TITLE: Technology Opportunities Program so that citizens, students, teachers, and community 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): leaders can contribute solutions to the environmental and CA: Alameda County-Berkeley, Oakland; social problems affecting the San Francisco Bay Area. Contra Costa-Richmond; San Francisco County-SF 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date **Ending Date** a. Applicant b. Project 10/1/03 9th 3/31/06 7th, 8th, and 9th 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: **ORDER 12372 PROCESS?** a. Federal \$ 648,707 Xa. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 903,452 PROCESS FOR REVIEW ON: c. State \$ DATE 4/23/03 d. Local \$ b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other \$ FOR REVIEW 00 \$ f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. 1.552.159 V No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative b. Title c. Telephone Number David Garcia Senior Research Administrator (510) 643-3391 d. Signature of Authorized Representative e. Date Signed Vand forcea

5147 **p.**2

OMB Approval No. 0348-0043 APPLICATION FOR FEDERAL ASSISTANCE 2. Date Submitted Applicant Identifier 1. Type of Submission: 3. Date Rec'd by State State Application Identifier Application Preapplication ___ Construction Construction Date Ree'd by Federal Federal Identifier X Nonconstruction Nonconstruction5 5. Applicant Information: Organizațional Unit: APR 29 Legal Name and Address: Name and telephone of person to be contacted on matters (give city, county, state, and zip code) State Water Resources Control Board involving this application (give area code): 1001 I Street, Sacramento County C FADIN Greg Frantz, Basin Planning Unit Sacramento, California 95814 Division of Water Quality (916) 341-5553 6. Employer Identification Number (EIN): 7. Type of Applicant: (enter appropriate letter) A 68--0281986 A. State H. Independent School District B. County I. State Institute of Higher Learning 8. Type of Application: C. Municipal J. Private University X New Revision Continuation D. Township K. Indian Tribe If Revision, enter appropriate letter(s): E. Interstate L. Individual A. Increase Award B. Decrease Award F. Intermunicipal M. Profit Organization G. Special District C. Increase Duration D. Decrease Duration N. Other (specify) Other (specify) 9. Name of Federal Agency: 10. Catalog of Federal Domestic Assistance Number U. S. Environmental Protection Agency 66.454 Tirle: 11 Descriptive Title of Applicant's Project: Water Quality Management Planning Oversee and manage water quality planning projects 12. Area Affected by Project: as authorized by State law or local ordinance, to assure the (cities, counties, states, etc.) maintenance, restoration, enhancement, and protection of water California quality in the environment. 13. Proposed Project: End Date 14. Congressional District of: Start Date July 1, 2003 December 31, 2007 Applicant: Project: California - All 15. ESTIMATED FUNDING: 16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. Federal \$992,787 a. YES: X This application/preapplication was made b. Applicant available to the State EO 12372 process for \$0 c. State \$0 review on: d. Local \$0 Date: April 29, 2003 e. Other \$0 b. NO: Program is not covered by EO # 12372 f. Program Income \$0 Program has not been selected by the state for review. g. TOTAL \$992,787 17. Is the applicant delinquent on any Federal debt? YES, attach explanation _NO 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Typed Name of Authorized Representative c. Telephone Number b. Title: Celeste Cantú **Executive Director** (916) 341-5615 d. Signature of Authorized Representative e. Date Signed:

APPLICATION FOR			OMB Approval No. 03-	18-0043
	2 DATE SUBMITTED		Applicant Identifier	
FEDERAL ASSISTANCE	4/28	1/24	Sustainable Conservation	_
	3. DATE RECEIVED BY		State Application Identifier	
1. TYPE OF SUBMISSION:	3. DATE RECERED BY	JINIC .	1949946	
Application Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction Non-Constru	principle of the second	- Make any and considerate of the constraints of th	94-3232437	
5. APPLICANT INFORMATION		5 M		
Lagal Name: / / /		Organizational Unit:		l
Systainable Conserv	atton	Vairies		
Address (give city, county, State, and zip code):	JU APK 2 8 2003	this application (give at	number of person to be contacted on matters in real code) $(4/5)$ $977-0380$ 8	nvolving
San Francisco, CA 98	and the base of bone of bear in	Allen D		
8. EMPLOYER IDENTIFICATION NUMBER (EIN)	TATE OLEAKING HO	TYPE OF APPLICA	NT: (enter appropriate letter in box)	
94-3232437	and the real shadow and the real shadow are a	A. State	H. Independent School Dist.	
B. TYPE OF APPLICATION:		B. County	I. State Controlled Institution of Higher Learning	ing
/ _	ition Revision	G. Municipal	J. Private University	
New Continue	Otton Hevision	D. Township	K. Indian Tribe	
If Revision, enter appropriate letter(s) in box(es)		E. Interstate	L. Individual	l
		F. Intermunicipal	M. Profit Organization	l
A. Increase Award B. Decrease Award C.	Increase Duration	G. Special District	N. Other (Specify) Non-profit	
D. Decrease Duration Other(specify):				
		9. NAME OF FEDERA	AL AGENCY:	ł
<u> </u>		USEPI	4	
10. CATALOG OF FEDERAL DOMESTIC ASSIST.	ANCE NUMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:	-
		1 4000	Musicipal Corporation noting Green + Animal L	10
010 1 0		1191 ama	A DI	Inch
TITLE: Solid Waste Dry 12. AREAS AFFECTED BY PROJECT (Chios, Coli	rosal Man Asste	1 Co-Compo	15Ting Orein & Attimed -	
12. AREAS AFFECTED BY PROJECT (Chies, Col	nties, States, etc.):	1	•	Į.
Merced Co. Califo	rnia			
	ONAL DISTRICTS OF: 1/4	ncy Relosi		
# 03 - 135	/U A ·			
Start Date Ending Date a. Applicant,	f.f. \(\sigma \) (-	b. Project	1.	
19/03 12/04 Sustain.	able Conservation	19. and	Mun. Co Coursesting	
15. ESTIMATED FUNDING:		16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUT	IVE
		ORDER 12372 PR	ROCESS?	1
a. Federal \$	29,000 00	- VCC THE PDE	APPLICATION/APPLICATION WAS MADE	
	7,000		TO THE STATE EXECUTIVE ORDER 1237	2
b. Applicant \$	ı	1	FOR REVIEW ON:	
c. State \$	000	1		
	·	DATE		
d. Local \$				
			AM IS NOT COVERED BY E. O. 12372	
e. Other \$		_	GRAM HAS NOT BEEN SELECTED BY STAT	Ŀ
	0 0	FOR REV	VIEW	
f. Program (ncome	,***	17 IC THE ADDLICA	NT DELINQUENT ON ANY FEDERAL DEBT	7
g. TOTAL \$	8		/	_
	•	Yes If Yes,"	attach an explanation.	
18. TO THE BEST OF MY KNOWLEDGE AND BE	LIEF, ALL DATA IN THIS APPLIC	ATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE	
DOCUMENT HAS BEEN DULY AUTHORIZED BY	THE GOVERNING BODY OF TH	IE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF THE ASSISTANCE				
a. Type Name of Authorized Representative	b. Title	11	c. Telephone Number	
Allen Dusault	Janior 1	Manager	4.5 977-0380	
d. Signature of Authorized Representative		V	e. Date Signed 4/25/03	
Previous Edition Usable			Standard Form 424 (Rev. 7-97)	

APPLICATION FOR	FEDERAL	ICE			
				Non-Construction	
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/25/03	3. DATE REC	EIVED BY STATE:		STATE APPLICATION IDENTIFIER:	
2b. APPLICATION ID:	4. DATE REC	EIVED:		GRANT NUMBER:	
03SF034101	04/25/03				
5. APPLICATION INFORMATION			7		
LEGAL NAME: MILLS-PENINSULA SENIO ADDRESS (give street audress, cny, sale	EGE	I VE		ITACT INFORMATION FOR PROJECT DIRECTOR OR OTHER CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give turn)	
100 S San Mateo Dr San Mateo CA 94401	MAPR 2	8 2003	FAXNUMBER: 6		
6. EMPLOYER IDENTIFICATION NUMBER 942663918	TATE CLE	ARING HOUS	7a. Non-Profit 7b. Community-Ba	LICANT:	
5. TYPE OF APPLICATION: X NEW CONT REVISION If Revision, enter appropriate letter(s) in both	TINUATION		Сониманту-ве	ocu Organization	
A. Increase Award 8. Decrease Aw D. Decrease Duration	ard C. Incres	ase Duration			
				eral agency: ion for National and Community Service	
10a. CATALOG OF FEDERAL DOMESTIC A 10b. NTLE: Foster Grandparents 12. AREAS AFFECTED BY PROJECT (LIST San Marco County, California			11. DESCRIPTIVE SAN MATEO (ETITLE OF APPLICANTS PROJECT: COUNTY FGP	
13. PROPOSED PROJECT: START DATE:	07/01/03 E NI	D DATE: 06/30/06	14, PERFORMAN	CE PERIOD: START DATE: END DATE:	
15. ESTIMATED FUNDING:			16 IS APPLICATE	ON SUBJECT TO REVIEW BY STATE EXECUTIVE	
a. FEDERAL	\$ 26,108.0	0	ORDER 12372 PF	OCESS?	
b. APPLICANT	\$ 77,533.0	0	YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE YO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR		
c. STATE	\$ 30,585.0	0	REVIEV DATE:	V ON: 24-APR-03	
d. LOCAL	\$ 4,011.0	0			
e. OTHER	\$ 42,937.0	0			
f. PROGRAM INCOME	\$ 0,0	0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	g. TOTAL \$ 103,641.00			S if "Yes," attach an explanation.	
				ON ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN MPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE	
3. TYPED NAME OF AUTHORIZED REPRESENTATIVE: b, TITLE;				c. TELEPHONE NUMBER:	
Maureen Dunn		Executive Director		6506964198	
				d. DATE: 04/25/03	

APPLICATION FO	R FEDERAL ASSISTAN			
			Non-Construction	
28. DATE SUBMITTED TO CORPORAT FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/25/03	ON 3. DATE RECEIVED BY STATE:		STATE APPLICATION IDENTIFIER:	
2b. APPLICATION ID:	4. DATE RECEIVED:		GRANT NUMBER;	
03SC034129	04/25/03			
5. APPLICATION INFORMATION			1 Miles and the second of the	
LEGAL NAME: MILLS-PENTYSULA SE	INIOR FOCUS	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give		
100 S Sag Mateo Dr San Mateo CA 94401 6. EMPLOYER IDENTIFICATION NUM 942663918 8. TYPE OF APPLICATION:	STATE CLEARING HOUSI	area codes): NAME: Douna Campi TELEPHONE NUMBER: 6506964295 FAX NUMBER: 6506964179 NTERNET E-MAIL ADDRESS: campid@sutterhealth.org TYPE OF APPLICANT: 18. Non-Profit 10. Community-Based Organization 9. NAME OF FEDERAL AGENCY:		
	AND THE RESIDENCE OF THE PARTY	Corporat	tion for National and Community Service	
10a. CATALOG OF FEDERAL DOMES' 10b. TITLE: Senior Companion Progra		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SAN MATEO COUNTY SCP		
12. AREAS AFFECTED BY PROJECT San Mateo County	(Liet Otles, Countles, States, atc):	- v v v v v v v v v v v v v v v v v v v		
13, PROPOSED PROJECT: START DA	TE: 07/01/03 END DATE: 06/30/06	14. PERFORMANCE PERIOD: START DATE: END DATE:		
15. ESTIMATED FUNDING:			ION SUBJECT TO REVIEW BY STATE EXECUTIVE	
a. FEDERAL	\$ 0.00	ORDER 12372 PI		
b. APPLICANT	\$ 95,717.00		PREAPPLICATION/APPLICATION WAS MADE AVAILABLE E STATE EXECUTIVE ORDER 12372 PROCESS FOR	
c. STATE	\$ 44,437.00		24-APR-03	
d. LOCAL	\$ 3,905,00	_		
e. OTHER	\$ 47,375.00			
f. PROGRAM INCOME	\$ 0.00		ICANT DELINQUENT ON ANY FEDERAL DEBT?	
g, TOTAL	\$ 95,717.00		S if "Yes," attach an explanation.	
			TION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE	
a. TYPED NAME OF AUTHORIZED RE	PRESENTATIVE: b. TITLE:		c. TELEPHONE NUMBER;	
Maureen Dunn	Executive Director	, , , , , , , , , , , , , , , , , , ,	6506964198	
			d. DATE: 04/25/03	
			0-43/VV	

M962:8 3996 8 .voN

APPLICATION FOR FEDERAL ASSISTANCE				1. TYPE OF SUBMISSION: Non-Construction			
2a. DATE SUBMITTED TO CORPORA FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/10/03	TION 3. DATE RECEI	3. DATE RECEIVED BY STATE:			STATE APPLICATION IDENTIFIER:		
2b. APPLICATION ID:	4. DATE RECEI	VED:		GRANT NUMBER:			
03IP033401	04/10/03	VLD.		GRANT NUMBER:			
5. APPLICATION INFORMATION							
LEGAL NAME: Boat People S.O.S. ADDRESS (give street address, city, state and zip code): 6400 Arlington Blvd., Suite 640			NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Thang D. Nguyen TELEPHONE NUMBER: 7035382190 FAX NUMBER: 7035382191 INTERNET E-MAIL ADDRESS: thang.nguyen@bpsos.org				
6. EMPLOYER IDENTIFICATION NU	MBER (EIN):		7. TYPE OF APP	PLICANT:			
541563619			7a. Non-Profit				
A TARE OF ARRUPATION			7b. National Non	a-Profit (Multi-State)	-Cyaneses	of the state of th	
8. TYPE OF APPLICATION: X NEW	CONTINUATION				CHARLEST CANADA	RECEIVED	
If Revision, enter appropriate letter(s)) in box(es):					APR 2 8 2003	
A. Increase Award B. Decrea	se Award C. Increase	e Duration			STA	ATE CLEARING HOUSE	
D. Decrease Duration			9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service				
10a. CATALOG OF FEDERAL DOME 10b. TITLE: Innovative Programs	, , , , , , , , , , , , , , , , , , , ,		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Neighborhood Empowerment and Support through Teamwork (NEST)				
12. AREAS AFFECTED BY PROJEC Camden, NJ; Philadelphia, PA; Sprir Adelphi, MD; Washington, DC; Fair	ngfield, MA; Grand Rapids, MI	; Milwaukee, WI;	A				
13. PROPOSED PROJECT: START D	DATE: 07/01/03 END	DATE: 06/30/04	14. PERFORMAI	NCE PERIOD: START D	DATE:	END DATE:	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			E EXECUTIVE	
a. FEDERAL	\$ 622,684.00		ORDER 12372 P	PROCESS?			
b. APPLICANT	\$ 0.00		X YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:				
c. STATE	\$ 0.00		DATE	: 10-APR-03			
d. LOCAL	\$ 0.00						
e. OTHER	\$ 0.00						
f. PROGRAM INCOME	\$ 0.00		17. IS THE APPL	LICANT DELINQUENT (ON ANY FEDE	FRAL DEBT?	
g. TOTAL \$ 622,684.00] Y	ES if "Yes," attach an	explanation.	X NO	
18. TO THE BEST OF MY KNOWLED DULY AUTHORIZED BY THE GOVE IS AWARDED.	OGE AND BELIEF, ALL DAT ERNING BODY OF THE APP	A IN THIS APPLICATE PLICANT AND THE AF	ION/PREAPPLICA PPLICANT WILL C	ATION ARE TRUE AND COMPLY WITH THE ATT	CORRECT, TH	HE DOCUMENT HAS BEEN IRANCES IF THE ASSISTANCE	
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: b. TITLE:					c. TELEPHOI	NE NUMBER:	
Thang D. Nguyen					703538219	90	
					d. DATE: 04/10/03		



APPLICATION FOR						
			Non-Construction			
2a. DATE SUBMITTED TO CORPORATIO FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	N 3. DATE RECEIV	ED BY STATE:	STATE APPLICATION IDENTIFIER:			
04/15/03						
2b. APPLICATION ID:	4. DATE RECEIV	ED:		GRANT NUMBER:		
03ND033731	04/15/03	-				
5. APPLICATION INFORMATION						
LEGAL NAME: Boat People S.O.S.			NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):			
ADDRESS (give street address, city, stat	e and zin code):		NAME: Thang D.	Nguyen		
6400 Arlington Blvd., Suite 640	o una up codej.		TELEPHONE NUMBER: 7035382190			
Falls Church VA 22042 - 2336			FAX NUMBER:	7035382191		
			INTERNET E-MA	IL ADDRESS: thang.ng	uyen@bpsos.org	
6. EMPLOYER IDENTIFICATION NUMBE	R (EIN):		7. TYPE OF APP	LICANT:		
541563619			7a. Non-Profit			
8. TYPE OF APPLICATION: X NEW COI REVISION	ΝΠΝυΑπον		7b. National Non-	-Profit (Multi-State)		EIVED 2 8 2003
If Revision, enter appropriate letter(s) in t	pox(es):		STATE CLEARING HOUSE			
A. Increase Award B. Decrease A	Award C. Increase	Duration				
D. Decrease Duration						
			9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service			
10a. CATALOG OF FEDERAL DOMESTIC 10b. TITLE: AmeriCorps*National	C ASSISTANCE NUMBER	t: 94.006	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: NEST National			
12. AREAS AFFECTED BY PROJECT (LI	ist Cities Counties States	e etcl:				
Springfield (MA), Philadelphia, Camden (Hampton (VA), Raleigh, Charlotte, Atlant	(NJ), Grand Rapids, Adelphi	i (MD), DC, Fairfax,	,1			
13. PROPOSED PROJECT: START DATE	E: 07/01/03 END D	ATE: 06/30/06	14. PERFORMAN	NCE PERIOD: START [DATE:	END DATE:
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			YECHTIVE
a. FEDERAL	\$ 1,280,000.00		ORDER 12372 P		i on on one	22001172
b. APPLICANT	\$ 483,782.00	0 7//4//	TO TH	PREAPPLICATION/APP E STATE EXECUTIVE (
c. STATE	\$ 0.00			W ON: 14-APR-03		
d. LOCAL	\$ 0.00					
e. OTHER	S 0.00					
f. PROGRAM INCOME	\$ 0.00		17. IS THE APPL	ICANT DELINQUENT (ON ANY FEDERA	L DEBT?
g. TOTAL	\$ 1,763,782.00			ES if "Yes," attach an	explanation.	X NO
18. TO THE BEST OF MY KNOWLEDGE DULY AUTHORIZED BY THE GOVERNII IS AWARDED.	AND BELIEF, ALL DATA NG BODY OF THE APPL	IN THIS APPLICATI	I ON/PREAPPLICAT PPLICANT WILL CO	TION ARE TRUE AND OMPLY WITH THE ATT	CORRECT, THE I	DOCUMENT HAS BEEN NCES IF THE ASSISTANCE
a. TYPED NAME OF AUTHORIZED REPI			c. TELEPHONE	NUMBER:		
Thang D. Nguyen		Executive Director			7035382190	
					d. DATE:	
					04/15/03	



OMB Approval No. 0348-0043 2. DATE SUBMITTED Application Identifier Application for 04/23/2003 Federal Assistance 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATTE State Application Identifier Preapplication Application □ Construction □ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal identifier ■ Non-Construction 1647 (Rev 0) ■ Non-Construction 5. APPLICANT INFORMATION Legal Name Organizational Unit Orange County Business Council Economic & Workforce Development Address (give city, county, state, and zip code) Name and telephone number of the person to be contacted on matters involving this application (give area code) 2, Park Plaza, Suite 100 Mr. Paul Garza Jr Irvine, CA 92614 - 5904 949 - 794 - 7227 Orange pgarza@ocbc.org 6. EMPLOYER IDENTIFICATION NUMBER (EIN): N 7. TYPE OF APPLICANT: (Enter appropriate letter in box) 3 A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District H. Independent School District State Controlled Institution of Higher Education Private University 8. TYPE OF APPLICATION: Indian Tribe Individual Profit Organization Continuation N. Other (specify) Economic Development 501.c6 If revision, enter appropriate letter(s) in box(es): 9. NAME OF FEDERAL AGENCY: B. Decrease Award C. Increase Duration A. Increase Award National Telecommunications and Information Administration D. Decrease Duration E. Other (specify): 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11.552 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Technology Bridge Project for Latinos and Women Entreprener TITLE: Technology Opportunities Program 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Central Orange County, California 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF: **Ending Date** Start Date a. Applicant b. Project 09/30/2005 40,47,48 10/01/2003 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 15. ESTIMATED FUNDING: a. Federal S a. YES THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 452,300 \$ b. Applicant .00 126,420 S c. State .00 PROGRAM IS NOT COVERED BY E.O. 12372 0 d Local \$.00 0 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW e. Other \$.00 35,000 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income S .00 O g TOTAL .00 Yes If "Yes," attach an explanation 613,720 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE BOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Typed name of Authorized Representative c. Telephone Number Mr. Stan Oftelie 949 - 794 - 7213 President & CEOO e. Date Signed 04.23.03

> Standard Form 424 (REV 4-92) Prescribed by OMB Circular A-102

APPLICATION FOR				OMB Ap	oproval No. 0348-00	
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier		
		APRIL 23,	2003			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application Identifier		
Application	Preapplication					
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORMATION	Mon-Construction	<u> </u>				
Legal Name:			Organizational Unit:			
MERCED COUNTY C		ON BOARD	·	ACTION AGENCY		
Address (give city, county, State,				number of person to be contacte	ed on matters involvi	
561 W. 18TH ST. MERCED, CA 9534			this application (give area code) HARRY DULL (209) 723-4565			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in	box)	
94-2183	288		A. State	H. Independent School Dist.	N	
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of	f Higher Learning	
∑ New	Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe		
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual		
,,,,			F. Intermunicipal	M. Profit Organization		
	rease Award C. Increase	Duration	G. Special District	N. Other (Specify) PUBLIC	<u> 2 NON-P</u> ROF	
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	A AGENCY:	······································	
4		 	U.S. DEP	ARTMENT OF COMM	IERCE/NTIA	
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJE	CT:	
(NTIA/TOP)		1 1 - 5 5 2			FORD	
TITLE: MEGUNOT	THURSON NO.		"CONNECT	ING MERCEDE 6		
12. AREAS AFFECTED BY PRO	OGY OPPORTUNT OJECT (Cities, Counties, Sta		4	linst		
	•	•		APR	2 5 2003	
MERCED COUN'				LU AIII	2 5 2003	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			9	
Start Date Ending Date	a. Applicant		b. Project	- STATE OF	APINIO LINUI	
9/30/03 9/30/05	1	TSTRTCT #18	CALIFORNA	DISTRICT #18	mind Uno	
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY ST	ATE EXECUTIVE	
			ORDER 12372 PR	OCESS?		
a. Federal	\$ 3.47	.00	a VEG TUIS BREA	APPLICATION/APPLICATION W	VAS MADE	
b. Applicant	347,	945	4	TO THE STATE EXECUTIVE		
- Physical Control of the Control of	510,	257	1	FOR REVIEW ON:		
c. State	\$	- O -	DATE	4/23/03		
d. Local	\$.00				
- Ott		<u> </u>		AM IS NOT COVERED BY E. O.		
e. Other	\$	-0-	FOR REV	GRAM HAS NOT BEEN SELEC' TIEW	IED BI SIAIE	
f. Program Income	\$	-0-				
a TOTAL	\$	-0-	1	NT DELINQUENT ON ANY FEE		
g. TOTAL	858,	202		attach an explanation.	⊠ No	
18. TO THE BEST OF MY KNOW	•					

Previous Edition Usable

Authorized for Local Reproduction

a. Type Name of Authorized Representative

d. Signature of Authorized Regresentative

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.



EXECUTIVE DIRECTOR

4/23/03 Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

c. Telephone Number

e. Date Signed

(209) 723-4565

OMB Approval No. 0348-0043 2. DATE SUBMITTED Applicant Identifie **APPLICATION FOR** April 17, 2003 FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION 3. DATE RECEIVED BY STATE State Application Identifier Application

Construction Preapplication □ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ☐ Non-Construction ☐ Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Norman Y. Mineta San Jose International Airport City of San Jose Name and telephone number of the person to be contracted on matters involving Address (give city, county, state, and zip code) this application (give area code) 1732 N. First Street, Suite 600 Laura Luu - 408-501-7629 San Jose, CA 95148 EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) \mathbf{C} H. Interdependent School District State State Controlled Institution of Higher Learning В. County C. Municipal Private University D. Township K. Indian Tribe 8 TYPE OF APPLICATION L. Individual Interstate F Intermunicipal M. Profit Organization New New Continuation Revision G. Special District N. Other (Specify) If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award Increase Duration D Decrease Duration Other (specify) 9. NAME OF FEDERAL AGENCY **Federal Aviation Administration** 10. CATALOG OF FEDERAL DOMESTIC 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ASSISTANCE NUMBER To reconstruct Taxiway Y between Taxiways B and L and 6 2 strengthen intersections at cross taxiways, including the TITLE: Airport Improvement widening of Taxiway L and improvements such as drainage, Program (AIP) 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): lighting, signs and marking San Jose, California 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF **Ending Date** a. Applicant b. Project Start Date 9/04 15th 9/03 15th 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS 15. ESTIMATED FUNDING a YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE a Federal \$ 29,657,926 STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON b. Applicant \$ 7,143,074 c. State \$ DATE: April 17, 2003 d. Local \$ b. NO PROGRAM IS NOT COVERED BY E. O. 12372 e. Other \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program income \$ g. TOTAL 36,801,000 Yes If yes, attach an explanation 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS a. Typed Name of Authorized Representative c. Telephone number 408-501-7670 Ralph G. Tonseth **Director of Aviation** d. Signature of Authorized Representative e. Date Signed rank Kirkeride, asst Dir of Area 4-18-03 Standard Form 424 (REV 4-88) Previous Editions Not Usable Prescribed by OMB Circular A-102 Authorized for Local Reproduction,

APR 2 5 2003

STATE CLEARING HOUSE

OMB Approval No. 0348-0043 2. DATE SUBMITTED Applicant Identifie APPLICATION FOR April 17, 2003 FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE TYPE OF State Application Identifier SUBMISSION: Application Preapplication ☐ Construction ☐ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ☑ Non-Construction ☐ Non-Construction 3-06-0226 5. APPLICANT INFORMATION Legal Name: Organizational Unit Norman Y. Mineta San Jose International Airport City of San Jose Name and telephone number of the person to be contracted on matters involving Address (give city, county, state, and zip code) this application (give area code) 1732 N. First Street. Suite 600 Laura Luu - 408-501-7629 San Jose, CA 95148 7. TYPE OF APPLICANT: (enter appropriate letter in box) EMPLOYER IDENTIFICATION NUMBER (EIN): \mathbf{C} A. State H. Interdependent School District 0 9 6 0 R State Controlled Institution of Higher Learning County Private University C Municipal D Township K. Indian Tribe 8. TYPE OF APPLICATION Interstate L. Individual Intermunicipal M. Profit Organization New New Continuation Revision G. Special District N. Other (Specify) If Revision, enter appropriate letter(s) in box(es): Increase Duration B Decrease Award Increase Award D Decrease Duration Other (specify) 9. NAME OF FEDERAL AGENCY **DOT** - Federal Aviation Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER To acquire an Aircraft Rescue and Fire Fighting (ARFF) 2 0 6 vehicle. TITLE: Airport Improvement Program (AIP) 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Jose, California 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF a. Applicant b. Project Start Date Enoing Date 9 05 15th 15th 10/03 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS 15. ESTIMATED FUNDING THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE a YES a. Federal S 560,000 STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON \$ b. Applicant 134,875 \$ c. State DATE: April 17, 2003 S b. NO d. Local PROGRAM IS NOT COVERED BY E. O. 12372 e. Other 3 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program income S g. TOTAL S 694,875 Yes If yes, attach an explanation 18. TO THE BEST OF MY NOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GC. ERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS a. Typed Name of Authorized Representative c. Telephone number **Director of Aviation** 408-501-7670 Ralph G. Tonseth d. Signature of Authorized Representative e. Date Signed -rank Kirkbride asst Dir of Aviation 4-13-63 Standard Form 424 (REV 4-88) Previous Editions Not Usable rescribed by OMB Circular A-102 Authorized for Local Reproduction

APR 2 5 2003

STATE CLEARING HOUSE

APPLICAT					CMB Approval No. 0348-0
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant identifier	
1. TYPE OF SUI	Miccion.		April 28.	2003	
Application	omission.	Preapplication	3. DATE RECEIVED BY STATE		State Application Identifier
Construct	ion	Construction	A DATE DECEMEN D		
Non-Cons	truction	Non-Construction	A DATE KECEIVED B	Y FEDERAL AGENCY	Federal Identifier
S. APPLICANT I	NFORMATION				
Legal Name:	2022			Organizational Unit:	47.
Address (sin a	meral C	county Water D	istrict		
Address (give city				Name and telephone	number of person to be contacted on matters invol
Mi.	neral,	Tehana County	15 CA 86063	this application (give a	<i>nea code)</i> heeler (530)595-4418
6. EMPLOYER IC	ENTIFICATIO	N NUMBER (EW):	<u> </u>		
	1 8 5 6		_2 8 2003	A State	ANT: (enter eppropriate leiter in box)
8. TYPE OF APP	LICATION:		- 440 H	B. County	H. Independent School O\\tauL J. State Controlled Institution of Higher Learning
	∑ New	Continuation	Revision	C. Municipal	J. Private University
	-	TCTATE ALE	ADMOLIGIE	D. Township	K. Indian Tribe
If Revision, enter	appropriate lett	er(s) in hoxies	AMING HOUSE	E. Interstate	L. Individual
A In-			And the state of t	F. Intermunicipal	M. Profit Organization
A. Increase Awa D. Decrease Du		rease Award C. Increase	Ouration	G. Special District	N. Other (Specify)
O. Degesse bu	rand) Otier(specify):		9. NAME OF FEDERA	AL AGENCY:
10. CATALOG OF	FEDERAL DO	MESTIC ASSISTANCE NUI	MDED.	44 DECCAMPANA	1,00
				TI. DESCRIPTIVE III	LE OF APPLICANT'S PROJECT:
		Ú	10-763		
TITLE:	E.C.W.	A.G.		Recapture	of water capacity
IZ. AREAS AFFE	CIED BY PRO	JECT (Cities, Counties, State	es, elc.):		- Calbactol
Mir	neral, '	rehama County,	CA		•
19. PROPOSED P		14. CONGRESSIONAL DIS			
		Wally Herge		recentative	2nd District
Start Date E	nding Date	a. Applicant		b. Project	-, ZNO DISEELCE
15. ESTIMATED F	INDING:				
	ONDING.				SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal		\$	6 6	ORDER 12372 PR	OCESS?
			`	a YES THIS DOEN	PPLICATION/APPLICATION WAS MADE
b. Applicant		\$	ÚIC .		TO THE STATE EXECUTIVE ORDER 12372
- 61			_	PROCESS F	FOR REVIEW ON:
c. State		\$	œ		
d, Local		\$		DATE	
~~~		•	·	h No TI PPOCE	M IS NOT COVERED BY E. O. 12372
e. Other		\$	.00		MIS NOT COVERED BY E. O. 12372  RAM HAS NOT BEEN SELECTED BY STATE
				FOR REVI	
f. Program Income		\$	.00		
g. TOTAL		4		17. IS THE APPLICAN	T DELINQUENT ON ANY FEDERAL DEBT?
3. IVIAL		\$	-66		tach an explanation.
18. TO THE BEST	OF MY KNOW	LEOGE AND BELIEF. ALL	DATA IN THIS APPLICA	TOURDEADOLICATI	AN ACC TRUE AND COLUMN
	OULIF	NO INCRESED BY THE GOVE	HUNING BOTTY OF THE	APPLICANT AND THE	E APPLICANT WILL COMPLY WITH THE
		THE ACCIDIANCE IS AWAR	DED.	· · · · · · · · · · · · · · · · · · ·	COLUMN TERMINATION
a. Type Name of Au	Ithorized Repre	3	. Title	lo	Telephona Number
Shirley  1. Signature of Auth	wileeTe	<u>[</u>	Board Member	rl	(530)595-4418
√ignature or AUII	witted Keprese	entative	70/10		a. Date Signed
Previous Edition Us	able	- Techen	VO Wells		April 28, 2003
Authorized for Loca					Standard Form 424 (Rev. 7-97)

OMB Approval No. 0348-0043

APPLICATION FOR FEDE	ERAL ASSISTANCE	2. Date Submitted		Applicant Identifier		
1. Type of Submission:		3. Date Rec'd by State		State Application Identifier		
	pplication					
	Construction	4. Date Rec'd by Federal		Federal Identifier		
X Nonconstruction	Nonconstruction					
5. Applicant Information:		Organizational Unit:		da		
Legal Name and Address:		Division of Water Quality	4a 1 <i>1</i>	antal an matter		
(give city, county, state, and zip of	code) DEGE V	Name and telephone of per				
State Water Resou		involving this application (	give area code	2):		
1001 I Street, Sacr	· · och[]]]	James Maughan				
Sacramento, Calif	ornia 93814111 APR 2 4 20	(916) 341-5522				
6. Employer Identification Num	her (FIN)	7. Type of Applicant: (enter	er appropriate	letter) · A		
680281986	oci (EII)			ent School District		
000201900	ISTATE CLEARING	A. State B. County		tute of Higher Learning		
8. Type of Application:		C. Municipal	J. Private Ur			
	Continuation	D. Township	K. Indian Tr	ibe		
If Revision, enter appropriate let	ter(s):	E. Interstate	L. Individua			
A. Increase Award	B. Decrease Award	F. Intermunicipal	M. Profit Or			
C. Increase Duration	D. Decrease Duration	G. Special District	N. Other (sp	ecify)		
Other (specify)						
		9. Name of Federal Agenc				
10. Catalog of Federal Domestic	c Assistance Number	U. S. Enviroi	nmental Protec	ction Agency		
66.419		11. Descriptive Title of Ap	mlicant's Proje	ant·		
Title:	Control State and Interciple	11. Descriptive Title of Ap	pricatit s i roj	ect.		
Program Support	Control_State and Interstate	To establish and maintain a	To establish and maintain adequate measures for prevention			
12. Area Affected by Project:		and control of surface and				
(cities, counties, states, etc.)			0	r		
California - States	wide					
13. Proposed Project:		1				
Start Date	End Date	14. Congressional District	of:			
July 1, 2003	June 30, 2004	Applicant:	Project:			
		3	California - A			
15. ESTIMATED FUNDING:		16. Is the application subj		by the State		
l	<b>610.073.</b> C00	Executive Order (EO) 123		application was made		
a. Federal	\$10,072,600 \$0			2372 process for		
b. Applicant	\$8,907,386	review on:	ne state no r	2372 process for		
c. State d. Local	\$0	Teview oii.	Date:	April 24, 2003		
e. Other	\$0	b. NO: Progr		ered by EO # 12372		
f. Program Income	\$0			een selected by the		
i. Trogram meonic	ų o		for review.			
g. TOTAL	\$18,979,986	17. Is the applicant deling	uent on any F	ederal debt?		
<b>3</b> . <b>1</b> 3 3 1 1 3	, , ,	YES, attach explan		NO		
18. TO THE BEST OF MY KN	NOWLEDGE AND BELIEF, ALL DAT	TA IN THIS APPLICATION	/PREAPPLIC	CATION ARE		
TRUE AND CORRECT, THE I	DOCUMENT HAS BEEN DULY AUT	THORIZED BY THE GOVE	RNING BOA	RD OF THE		
1	LICANT WILL COMPLY WITH THE	ATTACHED ASSURANCE	ES IF THE AS	SSISTANCE		
IS AWARDED.						
<ul> <li>a. Typed Name of Authorized F</li> </ul>	Representative	b. Title:		c. Telephone Number		
Celeste Cantú		Executive D	irector	(916) 341-5615		
				In Data Signadi		
d. Signature of Authorized Rep	resentative			e. Date Signed:		

							OMB Approval No. 0348-0043
Application for Federal Assistan	ce	2. DATE SU 04	BMITTED 1/23/200			Application Identifier	
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RE	CEIVED BY	BY STATTE		State Application Identifier	r
☐ Construction	☐ Construction						
■ Non-Construction	□ Non-Construction	4. DATE RE	CEIVED BY	FEDERAL AGE	NCY	Federal Identifier	542 (Rev 1)
5. APPLICANT INFORMATION		15    \	V E I				
Legal Name Beneficent Inc.		Second Lad		rganizational Un	it Booksh	are.org	
Address (give city, county, stat 480 S. California Ave. Suite 201 Palo Alto, CA 94306 - 16 Santa Clara	Rocal Land			ame and telephor pplication (give ar Mrs. Jane Sim 650 - 475 - 54 Jane@beneted	<i>ea code)</i> ichuk 40 Ext.	r of the person to be contacte	ed on matters involving this
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):						() N
7 7 — 0	2 2 5 9	0 4	7.	. TYPE OF APPLI	CANT: (E	Enter appropriate letter in box	() LINI
			B	. State . County . Municipal		<ul> <li>J. Private University</li> </ul>	District tution of Higher Education
8. TYPE OF APPLICATION:				. Township . Interstate		<ul><li>K. Indian Tribe</li><li>L. Individual</li></ul>	
New Cor	ntinuation Revi	sion		. Intermunicipal i. Special District		M. Profit Organization N. Other (specify) 50	1(c)(3) nonprofit
If revision, enter appropriate let	ter(s) in box(es):			NAME OF FEDE	DAL AGE	=NCV.	
A. Increase Award B. Decr	ease Award C. Increase Dura	ation	3.	. NAME OF FEDE	MAL AGE	_1401.	
D. Decrease Duration E. Othe	r (specify):			National Teleco	mmunica	ations and Information Adr	ninistration
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANCE N	UMBER: 11.5	552 1	1. DESCRIPTIVE	TITLE OF	APPLICANT'S PROJECT:	
TITLE: Technology Opportun	ities Program					cessible textbooks for stu	
12. AREAS AFFECTED BY PF This project will benefit thou University system statewide nationwide.	isands of students in the (	California St	U	learning disabilities built by Benetech in partnership with the California State University system.			
13. PROPOSED PROJECT:		14. CONG	RESSIONA	L DISTRICTS OF			
Start Date	Ending Date	a. Applica	nt			b. Project	
10/01/2003	04/01/2005	14				state of California	
15. ESTIMATED FUNDING:			16. IS APP	LICATION SUBJI	CT TO R	REVIEW BY STATE EXECUT	TIVE ORDER 12372 PROCESS?
a. Federal	\$ 56	6,712 .00	a. Y			/AS MADE AVAILABLE TO T	THE STATE EXECUTIVE ORDER
b. Applicant		9,079 .00			04/22/20		
c. State		8,487 .00	b. N	O PROGRA	AM IS NO	T COVERED BY E.O. 12372	2
d. Local	\$	0 .00		OR PRO	GRAM H	AS NOT BEEN SELECTED I	BY STATE FOR REVIEW
e. Other	\$	0 .00	47 10 7115	ADDI IOANT DEI		T ON ANY SERSON DEED	
f. Program Income	\$		<del></del>			T ON ANY FEDERAL DEBT	·
g. TOTAL	l	4,278 ^{.00}		If "Yes," attach			No 🔣
18. TO THE BEST OF MY KNO BEEN DULY AUTHORIZED BY ASSISTANCE IS AWARDED.	OWLEDGE AND BELIEF, AL Y THE BOVERNING BODY C	L DATA IN T OF THE APPI	HIS APPLIC LICANT AN	CATION/PREAPP D THE APPLICAI	LICATION NT WILL (	N ARE TRUE AND CORREC COMPLY WITH THE ATTAC	CT. THE DOCUMENT HAS CHED ASSURANCES IF THE
a. Typed name of Authorized R	epresentative		b	Title			c. Telephone Number
Mr. James Fruchterman				President and	CEO		650 - 475 - 5440
d. Signature of Authorized Repr	resentative		1				e. Date Signed

Application for Federal Assistance 2. DATE SUBMITTE 04/22/20		1. 4. 1		OMB Approval No. 0348-0043		
1. TYPE OF SUBMISSION:	!	3. DATE RECEIVED	BY STATTE	State Application Identifi	er	
Application	Preapplication					
Construction	☐ Construction	4 DATE DECEMED	BY FEDERAL AGENCY	E-1(1)		
■ Non-Construction	☐ Non-Construction	4. DATE RECEIVED	DI PEDERAL AGENCY	Federal Identifier	683 (Rev 0)	
5. APPLICANT INFORMATION		<u> </u>				
Legal Name Santa Clara Co	unty		Organizational Unit Office	of the Sheriff		
Address (give city, counly, state, and zip code) 55 West Younger Ave. San Jose, CA 95110 Santa Clara			Name and telephone numb application (give area code Mr. Gary Aslanian 408 - 808 - 4660 gary.aslanian@sho.c	• •	ted on matters involving this	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):					
9 4 6	0 0 0 5	3 3	A. State	(Enter appropriate letter in bo	l District	
8. TYPE OF APPLICATION:			B. County C. Municipal D. Township	J. Private University K. Indian Tribe	titution of Higher Education	
New Con	tinuation Revis	sion	E. Interstate F. Intermunicipal G. Special District	<ul><li>L. Individual</li><li>M. Profit Organization</li><li>N. Other (specify)</li></ul>		
If revision, enter appropriate lett	er(s) in box(es):		9. NAME OF FEDERAL AC	SENCY: ) E P		
A. Increase Award B. Decre	ase Award C. Increase Dura	ation	, , ,		<u> </u>	
D. Decrease Duration E. Other	(specify):		National Telecommuni	cations and Information Ad	2 2 2003	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	JMBER: 11.552	11. DESCRIPTIVE TITLE C	OF APPLICANT'S PROJECT	:	
TITLE: Technology Opportuni	ties Program		Beats Without Boundari	es CTATE OLE	ARING HOUSE	
12. AREAS AFFECTED BY PROSANTA Clara County	OJECT (citles, counties, stat	es, etc.)		OIM Ib Whelm	CINITO HOODS	
13. PROPOSED PROJECT:		14. CONGRESSION	IAI DISTRICTS OF:			
Start Date	Ending Date	a. Applicant	AL DIOTRIOTO OF	b. Project	Mark with the state of the stat	
10/01/2003	06/30/2005	16		14,15		
15. ESTIMATED FUNDING:		16. IS AF	PPLICATION SUBJECT TO	REVIEW BY STATE EXECU	ITIVE ORDER 12372 PROCESS?	
a. Federal	\$ 150	6,672 .00 a.	YES THIS APPLICATION \	WAS MADE AVAILABLE TO	THE STATE EXECUTIVE ORDER	
b. Applicant	\$ 150	6,672 .00	12372 PROCESS FOR REVIEW ON:  DATE 04/22/2003			
c. State	\$	0 ,00 ь.		OT COVERED BY E.O. 1237	2	
d. Local	\$	00.00	L			
e. Other	\$	0 .00	OR PROGRAM F	HAS NOT BEEN SELECTED	BY STATE FOR REVIEW	
f. Program Income	Б.	0 .00 17. IS TH	E APPLICANT DELINQUE	NT ON ANY FEDERAL DEB	T?	
g. TOTAL	313	3,344 .00 <b>Y</b>	es If "Yes," attach an expl	anation	No 📕	
18. TO THE BEST OF MY KNO BEEN DULY AUTHORIZED BY ASSISTANCE IS AWARDED.	WLEDGE AND BELIEF, ALL THE BOVERNING BODY O	DATA IN THIS APPL F THE APPLICANT A	ICATION/PREAPPLICATION THE APPLICANT WILL	ON ARE TRUE AND CORRECTION OF THE ATTAC	CT. THE DOCUMENT HAS CHED ASSURANCES IF THE	
a. Typed name of Authorized Re	presentative		b. Title		c. Telephone Number	
Mrs. Laurie Smith			Sheriff		408 - 808 - 4914	
d. Signature of Authorized Repre		Q _ (	)	Committee of the Commit	e. Date Signed	
1/ som Te	mumoto for	Laurie S	mith		4/22/03	
Previous Edition Usable	ν	-			Standard Form 424 (REV 4-92) Prescribed by OMB Circular A-102	

						OMB Approval No. 0348-0043	
Application for Federal Assistant	Сө	2. DATE SU 04	BMITTER /23/20		Application identifier		
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RE	CRIVED	BY STATTE	State Application Identific	er _	
☐ Construction	☐ Construction	4. DATE RE	CEIVED	BY FEDERAL AGENCY	Federal Identifier	261 (Pay 0)	
■ Non-Construction	Non-Construction				1	261 (Rev 0)	
5. APPLICANT INFORMATION				Organizational Unit			
Legal Name County of San E	Bernardino			Law 8	L Justice Group		
Address (give city, county, state 316 North Mt. View San Bernardino, CA 924 San Bernardino		-		Name and telaphon» numb application (give error code Ms. Sue Moralos 909 - 387 - 6705 smoralos@inj.sbcou		ted on matters involving this	
8. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			T TYPE OF ARRIVEANT	(Enter appropriate letter in bo	ox) [B]	
9 5 6	0 0 2 7	4 8		A. State	H Indopedent School	al Diatrict	
				B. County C. Municipal	J. Private University	illution of Higher Education	
8. TYPE OF APPLICATION:				D. Township	K. Indian Tribe L. Individual		
Now Car	itinuation Revi	Islon		F. Intermunicipal G. Special District	M. Profit Organization N. Other (specify)		
if revision, enter appropriate lett	er(e) in box(es):	Π.		9. NAME OF FEDERAL A	CENCY		
A. Increase Award B. Decre	ease Award C. Increase Dur	ation				•	
D. Decrease Dyration E. Other				National Telecommun	ications and information Ad	iminiatration	
D, DBCIGGES DQ(audi) L, Outo	(opaeny)i						
,					OF APPLICANT'S PROJECT	<u> </u>	
10. CATALOG OF FEDERAL D		UMBER: 11.5	52		olical Records Managema		
TITLE: Technology Opportun				Ciorago recimology of		,	
12. AREAS AFFECTED BY PR County of San Bernardino	OJECT (cilles, countles, sta	tes, elc.)		·			
13. PROPOSED PROJECT:		14. CONG	RESSION	NAL DISTRICTS OF:			
Start Date	Ending Date	a, Applica	nt		b. Project 40.41.43	6-	
10/01/2003	09/30/2005	43	46 16 41	DOLLGATION SUBJECT TO		UTIVE ORDER 12372 PROCESS?	
18. ESTIMATED FUNDING:		00					
a. Federal		00,000 .00	я	12372 PROCESS FU	OR REVIEW ON:	THE STATE EXECUTIVE ORDER	
b. Applicant c. State	\$	00,375		DATE 04/23/2	2003 NOT COVERED BY E.O. 123		
d. Local	\$	00.00	Ь	NO LI PROGRAMISI	Of COVERED BY E.O. 120		
p. Other	\$	00.00	-	OR PROGRAM	HAS NOT BEEN SELECTED	BY STATE FOR REVIEW	
f. Program Income	\$	-	17. IS TI	HE APPLICANT DELINQUE	ENT ON ANY FEDERAL DEE	377	
g. TOTAL		80,375 ^{.00}		(es if "Yes," attach an exp		. No <b>E</b>	
18. TO THE BEST OF MY KNO BEEN DULY AUTHORIZED BY ASSISTANCE IS AWARDED.	WLEDGE AND BELIEF, AL	L DATA IN T OP THE APPI	HIS APP	LICATION/PREAPPLICATI AND THE APPLICANT WIL	ION ARE TRUE AND CORRI L COMPLY WITH THE ATTA	ect, the document has ached assurances if the	
s. Typed name of Authorized R Mr. James Hackloman	epresentative	,		b. Title Chairman, Law & Jus	stice Group	c. Talaphone Number 909 - 387 - 6610	
d. Signature of Authorized Repr	eseniative		Ī	DEGE	IVEN	4/22/03	
James Zac	Kleman			111		Standard Form 424 (RBV 4-92)	
Previous Edition Usable		Auth	norized for	Local Reproduction 2 3	3 2003	Prescribed by QMB Circular A-102	
				ECLEAR	ING HOUSE		

OMB	Αp	proval	No.	0348	0043

Application for Federal Assistant	e		SUBMITTED 04/23/20		Application Identifier	
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE	RECEIVED	BY STATTE	State Application Identifie	er
☐ Construction	☐ Construction					
☑ Non-Construction	☐ Non-Construction	4. DATE	RECEIVED	BY FEDERAL AGENCY	Federal Identifier	458 (Rev 0)
5. APPLICANT INFORMATION				·		
Legal Name Sacramento Co	unty Sheriff's Department	:		,	's Department	
Address (give city, county, state 711 G Street Sacramento, CA 95814 Sacramento	e, and zip code)			Name and telephone numbe application (give area code) Karen Johnson 916 - 874 - 1625 kjohnson@sacsheriff.		eted on matters involving this
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	2 9		7. TYPE OF APPLICANT: (	Enter appropriate letter in bo	ox) B
8. TYPE OF APPLICATION:				A. State B. County C. Municipal D. Township	J. Private University K. Indian Tribe	ol District titution of Higher Education
New Con	atinuation Revis	sion		E. Interstate F. Intermunicipal G. Special District	L. Individual M. Profit Organization N. Other (specify)	
If revision, enter appropriate lett	er(s) in box(es):			9. NAME OF FEDERAL AG	GENCY:	
A. Increase Award B. Decre	ease Award C. Increase Dura	ation				
D. Decrease Duration E. Other	· (specify):			National Telecommunications and Information Administration		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11.552	11, DESCRIPTIVE TITLE C	F APPLICANT'S PROJECT	Τ:
TITLE: Technology Opportuni	ities Program			California Law Enforcem Replacement Project	nent Telecommunications	Message Switching Center
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Sacramento				Á	APR 2 4 3000	
13. PROPOSED PROJECT:	-	14. CO	NGRESSIO	NAL DISTRICTS OF:	/	APR 2 4 2002
Start Date	Ending Date	a. App	licant		b. Project	- 2003
10/01/2003	09/30/2006	5			3, 5, 10	STATE CLEARING ROUGESE
15. ESTIMATED FUNDING:			16. IS A	PPLICATION SUBJECT TO	REVIEW BY STATE EXECU	UTIVE ORDER 12372 PROCESSE
a. Federal	\$ 70	000,00	.00	. YES THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECU 12372 PROCESS FOR REVIEW ON:		
b. Applicant	\$ 5	0,000	.00	DATE04/23/2		
c. State	\$	0	.00		OT COVERED BY E.O. 123	72
d. Local	\$ 89	7,110	.00	OR PROGRAMA	HAS NOT BEEN SELECTED	BY STATE FOR REVIEW
e. Other	\$	0	.00	- OKT ROGIVANT	,, ,, , , , , , , , , , , , , , , , ,	
f. Program Income	s	0	.00 <b>17. IS</b> T	HE APPLICANT DELINQUE	NT ON ANY FEDERAL DEE	3T?
g. TOTAL		17,110		Yes If "Yes," attach an expl		No 🔄
18. TO THE BEST OF MY KNO BEEN DULY AUTHORIZED BY ASSISTANCE IS AWARDED.	OWLEDGE AND BELIEF, AL YTHE BOVERNING BODY (	L DATA I OF THE A	N THIS APP PPLICANT /	PLICATION/PREAPPLICATION AND THE APPLICANT WILL	ON ARE TRUE AND CORRI COMPLY WITH THE ATTA	ECT. THE DOCUMENT HAS ACHED ASSURANCES IF THE
a. Typed name of Authorized Ro Mr. Lou Blanas	epresentative			b. Title Sheriff		c. Telephone Number 916 - 874 - 8884
d. Signature of Authorized Repr	eséñlalive			Jugiiii		e. Date Signed
Jon A	Assertative Assertation of the second		•			4/21/03
Previous Edition Usable						VStandard Form 424 (REV 4-92) Prescribed by OMB Circular A-102



# APPLICATION FOR

OMB Approval No. 0348-0043

FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED April 22	2, 2003	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Ide	entifier
Application	Preapplication				
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	☐ Non-Construction				
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
College of the S				<u>Services Der</u>	
Address (give city, county, State,	•				be contacted on matters involving
800 College Ave			this application (give a	*******	Mahar
Weed, CA 96094	-2899 (Siskiye	ou County)	(530) 938-5	359 mahar	r@siskiyous.edu
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropria	te letter in box)
68 - 0321	440		A C4040	Li Indonandant Cab	and Diet
8. TYPE OF APPLICATION:			A. State B. County	H. Independent Sch	nstitution of Higher Learning
	_		C. Municipal	J. Private University	•
☑ New	☐ Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
			F. Intermunicipal	M. Profit Organization	on
A. Increase Award B. Deci	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify) _	
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	A AGENCY:	
					morao
•••••			U.S. Depar	tment of Cor	INIETCE
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT	'S PROJECT:
	[	11-552	Connect Si	skiyou Count	ty will be a
		11 - 312	model for	how a commun	nity college can
TITLE:			use creati	ve partnersl	nips and technology
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	ntes, etc.):			
Siskiyou County	•		remote nu	ral communit	1109
		, · · · · · · · · · · · · · · · · · · ·			services in ieRECEIVED
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		APR 2 4 2003
10/01/03   10/01/06	California	- 2	Califo	mia = 2	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVI	SYATE CLEARING HOUS
a. Federal	\$	00	OKDER 123/2 F	COLSS!	11000
a. i edelai		522 <b>,5</b> 82	a. YES. THIS PREA	APPLICATION/APPL	ICATION WAS MADE
b. Applicant	\$	.00	1		ECUTIVE ORDER 12372
c. State	· ·	700,019	-{	FOR REVIEW ON:	
o. otato	<u> </u>	205,314	, DATE	4/22/03	
d. Local	\$	0.00	b. No. PROGRA	M IS NOT COVERE	D BY E. O. 12372
e. Other	\$	32,286 ^{.00}			EN SELECTED BY STATE
		00	FOR REV	IEW	
f. Program Income	\$	0.	17. IS THE APPLICAL	NT DELINQUENT OF	N ANY FEDERAL DEBT?
g. TOTAL	\$ 7.4	00	<b>1</b>	attach an explanatio	
40 TO THE DECT OF MY KNOW		60,201			
18. TO THE BEST OF MY KNOW					
ATTACHED ASSURANCES IF			EAFFEIVARI ARD II	IL ALI LIVANI WIL	a worth his trick in his
a. Type Name of Authorized Rep		b. Title		c. Telephone Numb	er
W. David Pelhan			nt/President	(530) 93	8-5200
d. Signature of Authorized Repre				e. Date Signed 4/22/03	

APPLICATION FOR				To tit I-lti-		
FEDERAL ASSISTA	NCE -	2. DATE SUBMITTED April 7, 2	003	Applicant Identi	ner	
		3. DATE RECEIVED BY		State Applicatio	n Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED D	JIAIL	Ctate / tppnoau	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Application X Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifie	er	
l <del>=</del>	Non-Construction	4. DATE RECEIVED DE	I EDENAL ACENCY	T COCIA: ICOIIII	~	
Non-Construction	Non-Construction		——————————————————————————————————————			
5. APPLICANT INFORMATION Legal Name: Consolida	ated Area Hou	cina Auth	Organizational Unit:			
		sing Autii.	O Gamzanova Cim			
of Sutter Co Address (give city, county, State)			Name and telephone i	number of persor	to be contacted	on matters involving
1		(21	this application (give a		(530) 67:	
448 Garden I Yuba City, (	Highway, PO B CA 95992	OX 631			nberger	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EINI):		7. TYPE OF APPLICA	NT: (enter appro	ppriate letter in bo.	x)
					•	N
94 6003	4 7 4		A. State	H. Independent	School Dist.	
8. TYPE OF APPLICATION:			B. County	•	ed Institution of H	igher Learning
	<b>—</b>	□ Bayisian	C. Municipal	J. Private Unive	ersity	
☑ Nev	v Continuation	Revision	D. Township	K. Indian Tribe		
If Revision, enter appropriate lett	ter(s) in box(es)		E. Interstate	L. Individual		
The state of the s			F. Intermunicipal	M. Profit Organ		
A. Increase Award B. Dec		e Duration	G. Special District	N. Other (Speci	fy) <u>Housin</u>	g Authority
D. Decrease Duration Other	speary).		9. NAME OF FEDERA	AL AGENCY:		
£.			USDA - RI		alonment	
			OSDA - K	ILUI DEV	СТОБШСПС	
	OMEGIC A DESCRIPTION N	UMPED.	11. DESCRIPTIVE TI	TI E OE APPLIC	ANT'S PROJECT	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N			ILL OF ALTERO	ART OT ROOLOT	•
		1 0 4 0 5	Rehabilit	tation o	f 180 un:	its of
			farm work			chland
TITLE: 12. AREAS AFFECTED BY PRO	DIECT/Cities Counties St	atec etc.):	Homes, Yu			EMEN /
	Sutter County			aba city		
					APR :	<b>2</b> 4 2003
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:	•			
Start Date Ending Date	a. Applicant		b. Project		STATE CLEA	ARING HOUSE
06/15/03 1/31/0	5 3			3		" III TO TIOUSE
15. ESTIMATED FUNDING:	<u> </u>		16. IS APPLICATION	SUBJECT TO F	REVIEW BY STAT	TE EXECUTIVE
	i		ORDER 12372 PF	ROCESS?		
a. Federal	\$ .	08				
a. Federal	1,	500,000	a. YES. THIS PREA	APPLICATION/A	PPLICATION WA	S MADE
b. Applicant	\$	DO			E EXECUTIVE OF	
Npplicant			PROCESS	FOR REVIEW O	N:	
c. State	\$	.00	_			
		966,665.70	DATE A	pril 23,	, 2003	
d. Local	\$	.00	b. No. ☐ PROGRA	AM IS NOT COV	ERED BYE O 1	2372
e. Other	\$	OG			BEEN SELECTE	
e. Other	Ψ	•	FOR RE\			
f D	e	00	1			
f. Program Income	\$	•	17. IS THE APPLICA	NT DELINGUEN	T ON ANY FEDE	RAL DEBT?
TOTAL		00	-			į
g. TOTAL	\$ 2,	466,665.70	Yes If "Yes,"	attach an expla	nation.	XX No
18. TO THE BEST OF MY KNO	WI EDGE AND BELLEE AL	I DATA IN THIS ADDI IO	ATION/PREAPPLICAT	TION ARE TRUE	AND CORRECT	, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE G	OVERNING BODY OF TH	IE APPLICANT AND T	HE APPLICANT	WILL COMPLY V	WITH THE
ATTACHED ASSURANCES IF						
a. Type Name of Authorized Rep		b. Title		c. Telephone N	umber	
			ve Director	1 '		ev+ 110
William A. Ros d. Signature of Authorized Repre	entoerger esentative	rxecuriy	C DIECTOL	e. Date Signed		
d. Signature of Authorized Repre				1	7, 2003	
	Manuer of annual control of the cont					

APPLICATION FOR	२			OMB Approval No. 0348-0
FEDERAL ASSIST	ANCE	2. DATE SUBMITTE April	21, 2003 Applicant	CEIVE
1. TYPE OF SUBMISSION:  Application  Construction	Preapplication Construction	3. DATE RECEIVED	BY FEDERAL AGENCY FEDERAL	lication Identifier
Non-Construction	Non-Construction	T. DATE RECEIVED	BYTEBERGEAGE	
egai Name:			Organizational Unit: STA	TE CLEARING HOUSE
Los Angeles M daress (give city, county, Stat 13356 Eldridge	lission College la and zip coda): Ave., Sÿlmar,	CA 91342	Multimedia	erson to be contacted on matters involved
EMPLOYER IDENTIFICATION	ON NUMBER (FIN)		7. TYPE OF APPLICANT: (Brief	ennoviriala letter in box)
9 5 2 5 8				Ident School Dist.
TYPE OF APPLICATION:				ntrolled Institution of Higher Learning
<b>∑</b> •N•	w Continuation	Revision	C. Municipal J. Private U	* ,
Ravision, anter appropriate le	Tot(c) in hovies)	,	D. Township K. Indian To	
The state of the state of	nor(s) in boxies)		F. Internunicipal M. Profit Of	
	crease Award C. Increase	Ouration	,	pecify)
			9. NAME OF FEDERAL AGENCY	1
				mmunications and
CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NUI	WRED.	Information Adm	
ylmar, San Fe	ogy Opportunit DJECT (Cities, Counties, State rnando, Missio T4. CONGRESSIONAL DIST	n Hills.		:
PROPOSED PROJECT	14. CONGRESSIONAL DIST	RICIS OF:		*
1 Date   Enging Date   1 / 0 3   9 / 3 0 / 0 6	a. Applicant	-7	b. Project	
ESTIMATED FUNDING:	California-2		California = 27	REVIEW BY STATE EXECUTIVE
ederal	\$	.aa	ORDER 12372 PROCESS?	•
	629,481		8. YES, THIS PREAPPLICATION	APPLICATION WAS MADE
iplicant	^{\$} 618,306	ÇQ.	AVAILABLE TO THE STA PROCESS FOR REVIEW	TE EXECUTIVE ORDER 12372 ON:
ate	\$	ος -	DATE 3/19/02	
cai	\$	·	b. No. PROGRAM IS NOT CO	VERED BY E. O. 12372
ner	s 8,800	·	OR PROGRAM HAS NO FOR REVIEW	OT BEEN SELECTED BY STATE
gram income	5	, od		
TAL	s 1,256,587	0	17. IS THE APPLICANT DELINQUE  Yes If "Yes," attach an expli	
UMENT HAS BEEN OULY A	LEDGE AND BELIEF, ALL D.	ATA IN THIS APPLICA RNING BODY OF THE	TION/PREAPPLICATION ARE TRU APPLICANT AND THE APPLICANT	E AND CORRECT, THE
oo Name of Authorized Repre	sentative b.	Tipe	c. Telephone h	lumber
r. Adriana D. Insture of Authorized Represe	Barrera I	President	e. Date Signed	364-7795
			43611	11, 21, C3
ous Edition Usable			Star	rdard Form 424 (Pay 7.07)

Application for Federal Assistar		2. DATE SUBMITT 04/23/2		Application Idealille	OMB Approval No. 0348-004		
	ice						
1. TYPE OF SUBMISSION: Application	l December	3. DATE RECEIVE	D BY STATTE	State Application Identi	fier HHH		
	Preapplication		•	I			
☐ Construction	☐ Construction	4 CATE DECEME		L IIII API	R 2 3 2003   <b>リ</b>		
■ Non-Construction	□ Non-Construction /	4. DATE RECEIVE	D 8Y FEDERAL AGENCY	Federal identifier			
5. APPLICANT INFORMATIO	N	·		CTATE	LEARING HOUSE		
Legal Name			Organizational Unit	- BIRTE M	LAMMO HOUSE		
County of Los			Los An	geles County Sheriff's I	Department		
Address (give city, county, state, and zip code) 4700 Ramona Blyd.			Name and telephone numbe	r of the person to be conta	icled on matters involving this		
Monterey Park, CA 917:	=1 0100		application (give area code)	,	and an industry involving this		
Los Angeles	24 - 2109		Mr. Michael Torres 626 - 300 - 3171				
			mitorres@lasd.org				
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		imores e lasticity				
9 5 - 6			7. TYPE OF APPLICANT: (E	Enter appropriate letter in b	)(X) B		
	0009	2 7			,		
			A. State B. County	H. Independent School	of District stitution of Higher Education		
8. TYPE OF APPLICATION:			C. Municipal D. Township	J. Private University	intution of higher Education		
. 100			E. Interstate	K. Indian Tribe L. Individual			
New Co	ntinuation Revi:	nois	F. Intermunicipal G. Special District	M. Profit Organization			
			d. Special District	N. Other (specify)			
If revision, enter appropriate let	ter(s) in hox(es):						
			9. NAME OF FEDERAL AGE	NCY:			
,	ease Award C. Increase Dura	ition					
D. Decrease Duration E. Other	r (specify):		National Telecommunica	ations and Information Ad	dministration		
<u> </u>							
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	IMBER: 11.552	11. DESCRIPTIVE TITLE OF	APPLICANT'S PROJECT	ſ÷		
TITLE: Technology Opportunities Program			The Automated Civil Enfor	rcement System /ACES	S) will enable people to		
12. AREAS AFFECTED BY PR	O JECT /oiling amonths and		The Automated Civil Enforcement System (ACES) will enable people to access, file, track and pay any fees for their Civil Court process (divorce, track and pay any fees for their Civil Court process (divorce, track and pay any fees for their Civil Court process (divorce, track and track)				
Los Angeles County, State	of California	es, eic.)	restraining orders, small claims) over the internet. This program improves access to the Civil Justice system regardless of economic or social status.				
				of statil regardies of e	condinic or social status.		
13. PROPOSED PROJECT: Start Date	Cadlas Bats	14. CONGRESSION					
10/01/2003	Ending Date	a. Applicant		b. Project			
10/01/2003	09/30/2006	29		California, 24-39, 41			
15. ESTIMATED FUNDING:		16. IS AF	PPLICATION SUBJECT TO RE	VIEW BY STATE EXECU	TIVE ORDER 12372 PROCESS?		
a. Federal	ŝ	1000 ,000			THE CHOCK TEST PROCESS:		
	700	,000 .00 a.	YES THIS APPLICATION WA 12372 PROCESS FOR I	AS MADE AVAILABLE TO	THE STATE EXECUTIVE ORDER		
b. Applicant	\$ 2,619	,167 .00	DATE04/23/200		•		
c. State	Š	0 .00 b.			***************************************		
d. Local	\$	0 .00	. NO L PHOGRAM IS NOT	COVERED BY E.O. 1237	2		
e. Other	s 0 .00		OR PROGRAM HA	S NOT BEEN SELECTED	BY STATE FOR REVIEW		
1. Program Income	\$		E APPLICANT DELINQUENT	ON ANY FEDERAL DEB	T?		
g TOTAL S							
	3,319	,10/	es if "Yes," attach an explan		No Est		
18, TO THE BEST OF MY KNOW BEEN DULY AUTHORIZED BY ASSISTANCE IS AWARDED.	WLEDGE AND BELIEF, ALL THE BOVERNING BODY OF	DATA IN THIS APPL THE APPLICANT A	ICATION/PREAPPLICATION ND THE APPLICANT WILL CO	ARE TRUE AND CORRECT OMPLY WITH THE ATTAC	CT. THE DOCUMENT HAS CHED ASSURANCES IF THE		
a. Typed name of Authorized Re	presentative		b. Title		C. Talanhasa Number		
Mr. Leroy D. Baca			Sheriff, Los Angeles Cou	intv .	c. Telephone Number 323 - 526 - 5000		
d Giorge Galla A			z, coa Arigales Doc	y	020 - 040 • 0000		
d. Signature of Authorized Repre	semative				e. Date Signed /		
XUDX	)a(a		, -		04/21/20:3		
Previous Edition Usable		· · · · · · · · · · · · · · · · · · ·	*		Standard Form 424 (REV 4-92)		

Standard Form 424 (REV 4-92) Prescribed by OMB Circular A-102 APPLICATION FOR

Authorized for Local Reproduction

NO.054	P02

FEDERAL ASSISTA	ANCE	2. DATE SUBMITTED		Applicant Identification of E I V E I		
_		April 16, 20	003			
1. TYPE OF SUBMISSION:	i	3. DATE RECEIVED B		State Application Identifier		
Application	Preapplication					
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federalisensister PR 2 3 2003		
X Non-Construction	Non-Construction	<u> </u>				
5. APPLICANT INFORMATION	<b>Y</b>		12			
Legal Name;			Organizational Unit	or STATE CLEARING HOUSE		
The Regents of the		alifornia	Claire irevo	number of person to be contacted on matters involving		
Address (give city, county, Stat			this application (give a			
University of Cal:			•			
Irvine, CA 92697-	-7600		James McKenz	zie, (949) 824-2397 jpmckenz@uci.edu		
5. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)		
95 - 222	<del></del>		•	ī		
1 1 2 2 2 2 1 2 1 2 1 3 1 3 1 3 1 3 1 3	0 4 1 0 0		A. State	H. Independent School Oist.		
B. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning		
X NE	w Continuation	Revision	C. Municipal	J. Private University		
			D. Township	K. Indian Tobe		
If Revision, enter appropriate let	ner(s) in bax(es)		E. Interstate	L. Individual		
			F. Intermunicipal	M. Profit Organization		
	crease Award C. Increase	Duration	G. Special District	N. Other (Specify)		
O. Decrease Duration Other	(specify):		9. NAME OF FEDERA	I ACSUCY.		
			NTIA/TOP	L AGENCI.		
			MILA/101			
10, CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	LE OF APPLICANTS PROJECT:		
		1 1 - 5 5 2				
TITLE: TOP	_		Budlding Cl	obal Community Through		
12. AREAS AFFECTED BY PRO	DIECT (China Counting Star	on ale li	Bullulug Gr	Technology		
	JUECT (CIDES, COUNTES, STAT	es, e(c.).		recimorogy		
California						
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:				
				A A STATE OF THE S		
Start Date   Ending Date	a. Applicant			9,17,23,30,44,46,48,53.AZ-5.		
10/1/03 9/30/05	California - 48		CO-2,GA-12,ME	E-2, $MI-8$ , $NY-8$ , $OK-1$ , $OR-4$ , $UT-2$ .		
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE		
			ORDER 12372 PR	ocess?		
a. Federal	S	.60		A TONE ME A CONTRACTOR STATE A CAPIT		
	603,0	16 <b>x</b> 1		PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372		
b. Applicant	5	•	I	FOR REVIEW ON:		
- Com	609,8	/ ID 00	- FROCESS!	FOR REVIEW ON.		
c, State	-	•	DATE D	4.23.03		
G. Local	s	90		A self-con to districted Disserved Control		
v. coa.			b. No.   PROGRA	M IS NOT COVERED BY E. O. 12372		
e. Olher	S	,00	OR PROG	SRAM HAS NOT BEEN SELECTED BY STATE		
			FOR REV	'IEW		
f. Program Income	\$	.00				
. *			17. IS THE APPLICAN	NT DELINQUENT ON ANY FEDERAL DEBT?		
9. TOTAL	\$	.50	Yes 11"Yes," a	attach an explanation. 📉 No		
	1,212,8	192	—			
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF, ALL	DATA IN THIS APPLIC	FATIONIPREAPPLICAT	TON ARE TRUE AND CORRECT, THE		
			E APPLICANT AND T	IE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF		b. Title		c. Telephane Number		
a. Type Name of Authorized Rep	FEDER (WILLAGE)	Grants Offic	er	(949) 824-8634		
Gina Ring d. Signature pl Autranized Repre	sentative	TOWELD OFFIC		e Date Signed		
SIVIA KIVOT				M-22-03 Standard Form 424 (Rev. 7-97)		

#### APPLICATION FOR FEDERAL ASSISTANCE

	·						
1. TYPE OF SUBMISSION		2. DATE SUBMITIED	Applicant Identifier				
Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identified & E W E				
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier				
X Non-Construction							
5. APPLICATION INFORMA		I	APR 2-3 2903 (L)				
Legal Namo		Organization Unit.	land land				
SIERRA ECONOMIC DEVE	LOPMENT DISTRICT		TO THE STATE OF TH				
Address(give city, county, state, an	d zip code);	Name and telephone number of the p	erson to be contacted on matters involving				
560 WALL STREET STE F		this application (give area code)	and the second s				
PLACER COUNTY							
AUBURN CA 95603		ELIZABETH RILEY, (530) 823-4703					
6. EMPLOYER IDENTIFICATION N	UMBER (EIN)	7. TYPE OF APPLICANT (enter appropriate letter in box) [N]					
94-1705043	in the	A. State H. Independent School Dist.					
8. TYPE OF APPLICATION		B. County	I. State Controlled Institution of Higher Learning				
[X] New [ ] Continuation	on [] Revision	C. Munidipal	J. Private University				
u positivo servo servo de la lama de		D. Township	K. Indian Tribe				
If Revision, enter appropriate letter(	s) in box(s)  B. Decrease Award	E. Interstate     F. Intermunicipal	L. Individual				
_	D. Decrease Duration	G. Special District	M. Profit Organization  N. Other (Specify) <u>EDD</u>				
Other (specify)	· · · · · · · · · · · · · · · · · · ·	S. Special Digities	L. Chic. (Opening)				
	t .	9. NAME OF FEDERAL AGENCY United S	States Department of Commerce				
10. CATALOG OF FEDERAL DOM	ESTIC ASSISTANCE	National Telecommunications and Information Administration.					
NUMBER 11.552	· ·	11. DESCRIPTIVE TITLE OF APPLICATION PROJECT:					
TITLE: Technology Opportunities Program							
		Newspania					
12. AREAS AFFECTED BY PROJE (cities, counties, states, etc.)	CT	New Forest Economy					
(Cities, Counties, States, etc.)							
Counties of El Dorado, Nevado	da. Placer I						
Sierra							
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	Note; Who ever is in project, is in Applicant too:				
	<b>~</b> .	a. Applicant	b. Project				
10/01/ 2003	9/30/2006	JOHN DOOLITTLE 4	JOHN DOOLITTLE 4				
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY S	TATE EXECUTIVE				
a. Federal	97.200	ORDER 12372 PROCESS?					
b. Applicant	22,200	I. YES THIS PREAPPLICATION/APPLICATION V	VAS MADE AVAILABLE TO THE STATE				
c. State		EXECUTIVE ORDER 12372 PROCESS FOR REVI	EW ON:				
d. Local		DATE	4/23/03				
e. Other	75,000	NO:   PROGRAM IS NOT COVERED B	I ] PROGRAM IS NOT COVERED BY C.O. 12372				
f. Program Income		PROGRAM HAS NOT BEEN SELE					
g. TOTAL	\$194,400 - 1	7. IS THE APPLICANT DELINQUENT ON ANY FE					
	-	Yes if "Yes" attach and explanation	] No				
		TION/PREAPPLICATION ARE TURE AND CORR					
	•	AND THE APLICANT WILL COMPLY WITH THE	ATTACHED				
assurances if the assistance is awari a. Typed Name of Authorized Repres		. Tiria	Tolonboro				
		b. Title					
d. Signature fo Authorized Represent			(530) 823-4703 e. Date Signed				
$\mathcal{G}(a)$			_				
( light	L Tile,		4-23-03				

APPLICATION FOR					OMB Ag	oproval N	o. 0348-	-0043	
FEDERAL ASSISTANCE	2.Date S	ubmitted		Applicant Ic	entifier				
			,					75.77	F-3 F
1. TYPE OF SUBMISSION:	3.Date R	eceived by State	State Appir	ication Ident	n	E 5		V	IS I
Application Preapplication  Construction Construction Nonconstruction	4.Date R	ec'd by Fed Agency	Federal Ide CE 989940			Ann	2.2		
5. APPLICANT INFORMATION	•					rti ti	4_0_	<u></u>	11
Legal Name State Water Resources Control Board		Organizational Uni Central Coast R	egional Wate	er Quality Co	ntrol Boa	ard	The second secon		
Address (give city, county, state, and zip code):  State Water Resources Control Board  1001 I Street Sacramento County Sacramento, CA 95814		Name and telephone involving this app Gerhardt Hubner (805) 542-4647					ZAPIN	and the same of th	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7.TYPE OF APPLICANT: (enter appropriate letter in box) A							
8. TYPE OF APPLICATION:	ision	A. State. B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special Distric	H. Ine I. St. J. Pr K. Ine L. In M. Pr t N. Ot	dependent Sch ate Institute ivate Univers dian Tribe dividual ofit Organiza her (Specify)	nool Dist Higher Disty	Learning			
		U.S. Environmen	tal Protect	ion Agency					
Other (Specify)		11.DESCRIPTIVE TIT							
ASSISTANCE NUMBER 6 6 - 4 5  TITLE: National Estuary Program.  12.AREAS AFFECTED BY PROJECT(cities, counties, state California - Statewide		Continue impleme Management Blan education, and a	(CCMP), par dministrati	ticipation a	nd outrea	ch of pub	110		
13.PROPOSED PROJECT Start Date Ending Date	a. Appli	ESSIONAL DISTRICT C		b. Project		· · · · · · · · · · · · · · · · · · ·			
	1			California	ווא				
9/1/01 6/30/04									
ESTIMATED FUNDING	ES This F Execut	ON SUBJECT TO REVIE reapplication/Appli ive Order 12372 pro April 23, 2003	cation was	made availab					
C. State \$ 62,000.00 b. N	0:   Pr	ogram is not covere	ed by EO 123	72.					
d. Local \$ .00	1 *************************************	program has not be			r review.				
e. Other \$ .00									
f. Program 17.IS	THE APPLI	CANT DELINQUENT ON	ANY FEDERAL	DEBT?					
g. TOTAL	Yes, a	ttach an explanatio	on.   X   N	o o					
\$ 122,000.00    18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL D  DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVE  ATTACHED ASSURANCES IF THE ASSISTANCE IS AWAR	RNING BODY	S APPLICATION/PREAM OF THE APPLICANT A	PPLICATION A AND THE APPL	RE TRUE AND	CORRECT, OMPLY WIT	THE H THE			
a. Typed Name of Authorized Representative	l l	). Title			c.Teleph	one Numbe	er		
Celeste Cantú	ļ	Executive Directo	or		(916) 34	11-5615			
d. Signature of Authorized Representative				-	e. Date	Signed		Accessed to the second	
Previous Editions Not Usable  AUTHORIZED FO	R LOCAL RI	SPRODUCTION		Pre	Standard scribed b	i Form 42 by OMB Ci			

OMB Approval No. 0348-0043

APPLICATION FOR				•	18va 190. 0346-0045	
FEDERAL ASSISTAN	ICE	2 DATE SUBMITTED April 23,	2003	Applicant Identifier		
, TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier		
Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction	Non-Construction					
APPLICANT INFORMATION			Organizational Unit:			
egai Name: TMPERTAL COUNTY	<b>ለ</b> ፱ <b>ያ</b> ስፐርልፕፐርእ		LEARNING I	ECHNOLOGIES DEPARTM	CENT	
Address (give city, county, State,	and zio code):	<u> </u>	Name and telephone i	number of person to be contacted	on matters involving	
1398 SPERBER ROA			this application (give a	rea code)		
EL CENTRO, CALIF	ORNTA 92243		MCT CTUATET CAS	STILLO (760) 312-640	)3	
E. EMPLOYER IDENTIFICATION				ANT: (enter appropriate letter in bo		
	6 6 5	'			Ħ	
9   5 - 6   0   0   1	101012		A. State	H. Independent School Dist.		
B. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of H	igher Learning	
New	continuation,	INTE CLERENIO	S Township	J. Private University		
	14SHOHL	バルロムコ IO コエムコ	Township  El Interstate	K. Indian Tribe L. Individual		
f Revision, enter appropriate lette	er(s) in box(es)		F Intermunicipal	M. Profit Omanization		
A. Increase Award B. Dec	rease AwardC. Increas	e Duration	Special District	N. Other (Specify)		
,	specify):	1 APR 2.3.20				
D. Decador Duranon Dinon		13	9. NAME OF FEDER	AL AGENCY: LECOMMUNICATIONS & 1	'NTORMATTON	
			NAITIONAL TEL	RIMENT OF COMMERCE	ADMINISTRATI	
	-   U 된		<u>1                                  </u>			
O. CATALOG OF FEDERAL D	OMESTIC AGGISTANCE N	UMBER:		TLE OF APPLICANT'S PROJEC		
		1 1 - 5 5 2	HeberLink	: Project — Providi	ng	
			Broadb	and access for the	commity	
TITLE: Techno	logy Opportunit	ies Program	of Heb	er, California.		
12. AREAS AFFECTED BY PRO		fates, etc.):			ħ.	
Imperial County	, California					
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:				
HeberLink						
Start Date	a. Applicant 51st	=	b. Project 51s			
15. ESTIMATED FUNDING:				N SUBJECT TO REVIEW BY STA	TE EXECUTIVE	
		411	ORDER 12372 P	ROCESS?		
a, Federal	\$	238,301	A YES THIS PRE	EAPPLICATION/APPLICATION WA	AS MADE	
b. Applicant	\ <u> </u>		AVAILABI	E TO THE STATE EXECUTIVE C	RDER 12372	
и. Аррисан	*	83,105	1	S FOR REVIEW ON:		
c. State	\$	116,246 ···	DATE _C	04/23/03		
d. Local	\$	83,874		RAM IS NOT COVERED BY E. O.		
e. Other	\$	co c	OR PRO	ogram has not been select Eview	ED BY STATE	
f. Program In∞me	3	oa	17. IS THE APPLICA	ANT DELINQUENT ON ANY FED	ERAL DEBT?	
g. TOTAL	\$	521,526	<b>-1</b>	attach an explanation.	IX No	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF. A	LL DATA IN THIS APPLI	CATION/PREAPPLIC	ATION ARE TRUE AND CORREC	T, THE	
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE (	GOVERNING BODY OF T	HE APPLICANT AND	THE APPLICANT WILL COMPLY	WITH THE	
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AV	VARDED.				
a. Type Name of Authorized Re	presentative	b. Title ASSOCIATE SUP	ERTNTENDENT	c. Telephone Number		
JUDY MAURICE		EXPONENTE DOL		760 312 6429		
				APRIL 23, 2003		
d. Signature of Authorized Repr				a Date Signed APRIL 23, 2003		

g. TOTAL .00 1,321,550 Yes If yes, attach an explanation 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED a. Typed Name of Authorized Representative D TILL c. Telephone number ROBERT J. PETERSON, P.E. DIRECTOR OF PUBLIC WORKS (707) 253-4351 d. Signature of Authorized Representative e. Date Signed 3/03 Previous Editions Not Usable Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

PPLICATION FOR EDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier			
		April 23	. 2003				
		3. DATE RECEIVED BY STATE		State Application Identifier			
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	OIATE.				
Application	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier			
Construction	Non-Construction	7. DAILINE					
Non-Construction APPLICANT INFORMATION	IN HOUSE COURT OF THE I						
! Nome:			Organizational Unit:	echnology Services			
resno County Sheri	ff's Department		information	number of person to be contacted	on matters involvi		
dress (give city, county, State,	and zip code):		1				
200 Fresno Street			Shirley Grace	e, IT Mgr.(sgrace@fres	no.ca.gov)		
resno, Fresno Coun	tv. California 9372	21 ₀ 17 ₀ 53 n N R	17569) 488-39	10			
EMPLOYER IDENTIFICATIO	N NUMBER (EIND	-6 B V B	7. TYPE OF APPLIC	ANT: (enter appropriate letter in bo	<i>X)</i>		
				H. Independent School Dist.	В		
94-6000	131,154 V/	+	A State B. County	State Controlled Institution of I	ligher Learning		
TYPE OF APPLICATION:		APH Z 3 ZDU3	C. Municipal	J. Private University			
<b>☑</b> Nev	Continuation	Revision	D. Township	K. Indian Tribe			
<del></del>		01=00110110		L. Individual			
Revision, enter appropriate let	ICI(B) III DOM(CET STATE	CLEARING HO		M. Profit Organization			
A. Increase Award B. De	crease Award C. Increa	se Duration	G. Special District	N. Other (Specify)	- T		
	(specify):		9. NAME OF FEDER	AL AGENCY:			
			1				
			National Teleco	mmunications and Informat	ion Admin.		
		WAIRED	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NOMBER				Fresno County Law Enforcement Multi-Agency Computer			
		1 1 5 5 2	Aided Dispatch Regional Switch				
TITLE: Technology	Opportunity Program	1	Alded Dispacen	regional overes			
2. AREAS AFFECTED BY PR	OJECT (Cilies, Counties, S	States, etc.):					
A. C.							
		- ALOSENICTO OF					
3. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF.					
Start Date Ending Date	a. Applicant		b. Project				
1/1/04 Ending Date 6/30/06		9, 20, 21		18, 19, 20, 21	ATE EYECUTIVE		
5. ESTIMATED FUNDING:				N SUBJECT TO REVIEW BY ST	ATE EXECUTE		
J. LOIMING LA		00	ORDER 12372	PROCESS?			
a. Federal	\$	700,000	a, YES, THIS PR	EAPPLICATION/APPLICATION V	AS MADE		
		do do	AVAILA	TO THE STATE EXECUTIVE ORDER 12372			
b. Applicant	\$	895,512	PROCE	SS FOR REVIEW ON:			
c. State	\$	dip.		04/23/03			
~ 0/dic		UD	DATE _				
d. Local	\$	usr -	h No II PROG	GRAM IS NOT COVERED BY E. O	. 12372		
		80	ORPE	ROGRAM HAS NOT BEEN SELEC	TED BY STATE		
e. Other	\$	•		REVIEW			
	s	.00			NEDAL NEDTO		
f. Program income				CANT DELINQUENT ON ANY FE			
g. TOTAL \$ 1,595,512		Yes If "Yes," attach an explanation.					
		1 4 4 4 4 4	LICATION/PREAPPLI	CATION ARE TRUE AND CORRE THE APPLICANT WILL COMPL	CT, THE		
18. TO THE BEST OF MY KN	IOWLEDGE AND BELIEF,	ALL DATA IN THIS APP GOVERNING RODY OF	THE APPLICANT AN	THE APPLICANT WILL COMPL	Y WITH THE		
DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	LY AUTHURIZED BY THE	WARDED.					
a. Type Name of Authorized F	Representative	b. rae		c. Telephone Number (559) 488-3121			
Richard Pierce		Sheriff		e, Date Signed			
d. Signalure of Authorized Re	presentative		4-22-2003				
2 Villue				Standard Form 42			
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OMB Approval No. 0348-0043

APPLICATION FOR				, , , , , , , , , , , , , , , , , , , ,		
FEDERAL ASSISTANCE		2. DATE SUBMITTED April 23, 2003		Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier		
Application	Preapplication					
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION						
Legal Name:	D COUNTY OF	5 =	Organizational Unit.	7		
		Jan Trancisco	Gmerge	ncy Communications Dept number of person to be contacted on matters involving		
Address (give city, county, State,	_					
1011 TUNK	St.		this application (give a	rea code)		
San Francisc	0 CA 94	102	(clenn	ORTIZ-Scholds		
6. EMPLOYER IDENTIFICATION	• • •	102	7 TYPE OF ADDUC	558-3808 ANT: (enter appropriate letter in box)		
			7. THE UP APPLICE			
94-6000	14117		A. State	H. Independent School Dist.		
8. TYPE OF APPLICATION:			B. County	I, State Controlled Institution of Higher Learning		
		TOWN IE D	C. Municipal	J. Private University		
Now	Continuation	Revieton	D. Township	K. Indian Tribe		
If Revision, enter appropriate lette	ا ۱۱۵۱	3-1	E. Interstate	L. Individual		
ir revision, ener appropriate las.			F. Intermunicipal	M. Profit Organization		
A. Increase Award B. Dec	rease Award   C. Increase	Duration 2003	G. Special District	N. Other (Specify)		
D. Decrease Duration Other(s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7.0.700		The same of the sa		
	bud burn		9. NAME OF FEDERA	AL AGENCY:		
		- FIND HOLLS		, , , ,		
	CTATE CI	FARING FILLDS	Departme	ent of Commerce		
10. CATALOG OF FEDERAL DO				TLE OF APPLICANT'S PROJECT:		
10. CATALOG OF PEDERAL DO	JMESTIC ASSISTANCE NU					
-		11-552	CCSE	311/CRM Project		
mis Techn	Nous Oppor		COSP	311/Clear Traject		
TITLE: Lechnol 12. AREAS AFFECTED BY PRO	JECT (Chies Crumbios Sta	tos atr 1				
1		100, 514).				
C174						
13, PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:	ist 8) /Hon	Tom Lantos (Dist. 12)		
Start Date Ending Date	a. Applicant		- m	,		
7/2003 2/2006	HON. NAKLY	PELOSI (8)	HON Nancy!	Polosi (8) & Hon. Tombantos (12)		
15. ESTIMATED FUNDING:	1101. / //21			SUBJECT TO REVIEW BY STATE EXECUTIVE		
			ORDER 12372 PR			
a. Federal	\$ 700 00		ORDER 123/2 PF	(OGESS):		
d. I odorai	700,000	<b>0.</b>	a YES THIS PREA	APPLICATION/APPLICATION WAS MADE		
b. Applicant	\$ 0 250 10	66	ł	TO THE STATE EXECUTIVE ORDER 12372		
	\$ 3,259,4	00	1	FOR REVIEW ON:		
c. State	\$	Ø °°	DATE	4/23/2003		
d. Local	Sec Appli	'cant'		AM IS NOT COVERED BY E. O. 12372		
e. Other \$		Ø	OR PROGRAM HAS NOT BEEN SELECTED BY STA			
f. Program Income	\$	Ø.**				
		00	17. IS THE APPLICAL	NT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	* 3,959,4	100		attach an explanation.		
l .	· · · · · · · · · · · · · · · · · · ·			TION ARE TRUE AND CORRECT, THE		
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF			E APPLICANT AND TI	HE APPLICANT WILL COMPLY WITH THE		
a. Type Name of Authorized Rep	resentative	b. Title DIRECTOR-ECD	)	c. Jelephone Number 415-558-3886		
d. Signature of Authorized Reple	<u> </u>	<del></del>		e. Date Signed // 2.2 0.2		
James A &	Wh_			4-23-03		
Previous Edition Usable				Standard Form 424 (Rev. 7-97)		

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TEEDERAL ASSIST	ANCE	2. DATE SUBMITTED	<u> </u>	Applicant Identifier
		04/23	/2003	
TOTALE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication		ų.	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction  5. APPLICANT INFORMATION	Non-Construction		,	
Legal Name:	Y			
.	TIED SCHOOL D	CTB OT	Organizational Unit:	sharped Physical Land
Address (give city, county, Stat	e. and zin code):	1311/101	Haiph J. Bunc	the and Rudsdale Academies
1240-18	th Street		this application give a	number of person to be contacted on matters involved
Oakland,	alifornia <u>946</u>	27	Fred Noel (51	0) 879-1730, fnoel@ousd.k12.ca.
County of	Alameda D	1. 图 F-11. W -福		ovozo 1730. moere ousa.k (2.ca.
6. EMPLOYER IDENTIFICATION			T TYPE BY APPLIE	lenter appropriate letter in box)
94-6000	2385 n		المعادية	
8. TYPE OF APPLICATION:		<u> </u>	A State	H. Independent School Dist.
			B. County	*State Controlled Institution of Higher Learning
<b>∠</b> Ne	w Continuation	Revision	C. Municipal	J. Private University
If Revision, enter appropriate let	ner(s) in box(es)	E CLEARING HO	US Formship Formstate	K. Indian Tribe
	Collin	by Christian II (iii Christ	F. Intermunicipal	L. Individual M. Profit Organization
	crease Award C. Increas	e Duration		N. Other (Specify)
D. Decrease Duration Other	(specify):		.,	The control (Openly)
	•		9. NAME OF FEDERA	L AGENCY:
	·	<u> </u>		
		i	Department of Co	ommerce
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:
		1 1 - 5 5 2		urbished computer take home program.
TITLE: NTIA/TOP	•			arbierio computer take nome program.
12. AREAS AFFECTED BY PRO	VIECT/Cition Country On	4		
		res. ero.):		
City of Oakland, Alameda	County			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:		
Start Date Ending Date	a. Applicant	ţ	o. Project	
10/1/03 9/30/06	CALIFORNIA	*		
15. ESTIMATED FUNDING:		1	6. IS APPLICATION S	SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 PRO	
a. Federal	\$	424.730		
b. Applicant			a. YES, THIS PREAP	PPLICATION/APPLICATION WAS MADE
о. Аррисан	\$	115,800	AVAILABLE	TO THE STATE EXECUTIVE ORDER 12372
c. State	\$	7.15,500	PROCESS FO	OR REVIEW ON;
	<b>U</b>	36,000	O A TE	4/23/03
d, Local	\$	56	DATE	
	,	,	h No T PROCES	IS NOT COVERED BY E. O. 12372
e. Other	\$	30.	OR PROGR	RAM HAS NOT BEEN SELECTED BY STATE
	<u> </u>	564.000	FOR REVIE	
f. Program Income	\$	oft		
		. 1	7. IS THE APPLICANT	DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	5	,50		
18 TO THE PECT OF THE	1,1	40,530	Yes If "Yes." att	
DOCUMENT HAS BEEN OUT OF	LEDGE AND BELIEF, ALL	DATA IN THIS APPLICAT	TON/PREAPPLICATIO	IN ARE TRUE AND CORRECT, THE
ATTACHED ASSURANCES IF T	O INDUITED BY THE COA	ERNING BODY OF THE A	APPLICANT AND THE	APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Repre	Sentalive AWAR	DED/		
Dennis K Charona	T W	Suprintendent	, c.	Telephone Number
i. Signature of Authorities Profes	Walvell	Marinendent		(510) 879/8200 / Date Signed, //, 27//
1 114			e.	Jace Signed 4/VV/
revious Edition Usable				Standard Form 424 (Rev. 7-97)
sulhorized for Local Reproduction				(r (= v . / - 3/ )

OMB Approval No. 0348-0043 **APPLICATION FOR** 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE April 23, 2003 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: State Application Identifier <u>Application</u> Preapplication Construction 4. DATE RECEIVED BY FEDERAL AGENCY Construction Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Information Technology Services Fresno County Sheriff's Department Address (give city, county. State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) 2200 Fresno Street Shirley Grace, IT Mgr.(sgrace@fresno.ca.gov) Fresno, Fresno County, California 93721-4753 (559) 488-3910 6. EMPLOYER IDENTIFICATION NUMBER (EIN) TYPE OF APPLICANT: (enter appropriate letter in box) В 9 4 - 6 0 0 0 5 1 2 H. Independent School Dist. . State . County 8. TYPE OF APPLICATION: I. State Controlled Institution of Higher Learning J. Private University C. Municipal Revision New Continuation K. Indian Tribe D. Township Edinterstate Funcimunicipal L. Individual If Revision, enter appropriate letter(s) in box(es) M. Profit Organization N. Other (Specify) G. Special District A Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): 9 NAME OF FEDERAL AGENCY: National Telecommunications and Information Admin. 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1 1 1 5 5 2 Fresno County Law Enforcement Multi-Agency Computer Aided Dispatch Regional Switch TITLE: Technology Opportunity Program 12. AREAS AFFECTED BY PROJECT (Cilies, Counties, States, etc.): 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT Start Date **Ending Date** a. Applicant b. Project 6/30/06 18, 19, 20, 21 18, 19, 20, 21 1/1/04 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** \$ a. Federal 700,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 5 895,512 PROCESS FOR REVIEW ON: 2 c. State 04/23/03 DATE _ d. Local \$ b. No. PROGRAM IS NOT COVERED BY E. O. 12372 00 OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other £ FOR REVIEW 00 \$ f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL s Yes If "Yes," attach an explanation. No 🔽 1,595,512 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative b. Thie Richard Fierce,

Sheriff

c. Telephone Number (559) 488-3121

e. Date Signed

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d. Signature of Authorized Representative

4-22-2003 Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

APPLICATION FOR			011.071	pp10101110.0010.001
FEDERAL ASSISTANCE	2. DATE SUBMITTED March 2	28, 2003	Applicant Identifier	
1. TYPE OF SUBMISSION:	3. DATE RECEIVED B	Y STATE	State Application Identifier	
Application Preapplication Construction Construction Non-Con		Y FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION	5			
Legal Name:		Organizational Unit:		
United Indian a Nations . Address (give city, county, State, and zip code).	TO E G E I V E	Name and telephone	number of person to be contact	ed on matters involvin
1320 Webster St. Oakland, CA 94612	APR 2 3 2003	this application (give a	rea code) 1guma 510-763-341	0
6. EMPLOYER IDENTIFICATION NUMBER (E) 9 4 2 5 5 1 1 7 0			ANT: (enter appropriate letter in	box)
	OTATE OF A MISTOR LA	1 A State	H. Independent School Dist.	
8. TYPE OF APPLICATION:	SIAIL Claim	B. County	I. State Controlled Institution of	of Higher Learning
☐ New ☐ Conf	linuation Revision	C. Municipal	J. Private University	
Us Devision, anter namenarinto lettor(a) in howen		D. Township	K. Indian Tribe L. Individual	
If Revision, enter appropriate letter(s) in box(es)		E. Interstate F. Intermunicipal	M. Profit Organization	
A. Increase Award  B. Decrease Award  D. Decrease Duration  Other(specify):	C. Increase Duration	G. Special District	N. Other (Specify) Non-	profit
D. Decrease Buration Color(Speciny).		9. NAME OF FEDERA	AL AGENCY:	
	•	United	Indian Nations, I	TIC.
10. CATALOG OF FEDERAL DOMESTIC ASS	ISTANCE NUMBER:		TLE OF APPLICANT'S PROJE	
TO, CATALOG OF TEDETAL DOMESTIC ACC			, LL O, AI I LIOAII I O I ROOL	
	111-5512			the state of the state of
TITLETechnical Opportun	ities Program	American	Indian Multi-Medi	a Tech
12. AREAS AFFECTED BY PROJECT (Cities,	Counties, States, etc.):	•		
California,		,	•	4
Alameda, Contra Costa, Sa	n Francisco, San Mate	0		
13. PROPOSED PROJECT 14. CONGRE	SSIONAL DISTRICTS OF:			
	8, 9, 10, 12, 13, 14,	15		
Start Date   Ending Date   a. Applicant		b. Project		
07-01-03 06-03-05				
15. ESTIMATED FUNDING:			SUBJECT TO REVIEW BY ST	TATE EXECUTIVE
	00	ORDER 12372 PF	ROCESS?	
a. Federal \$	• '	VEC THE POE	EDDLIGATION/ADDLIGATION	4/4 C 144 C F
b. Applicant \$	132,880.		APPLICATION/APPLICATION \ E TO THE STATE EXECUTIVE	
b. Applicant \$	•	l .	FOR REVIEW ON:	ORDER 12372
c. State \$	00	-	, o, creation.	
J. State	•	DATE A	April 23, 2003	
d. Local \$	00		AM IS NOT COVERED BY E. C	). 12372
e. Other \$	135,566.		GRAM HAS NOT BEEN SELEC	
f. Program Income \$		17. IS THE APPLICAL	NT DELINQUENT ON ANY FE	DERAL DEBT?
g. TOTAL \$	00			
	268,446	Yes If "Yes,"	attach an explanation.	∑ No
18. TO THE BEST OF MY KNOWLEDGE AND DOCUMENT HAS BEEN DULY AUTHORIZED	BELIEF, ALL DATA IN THIS APPLI			
ATTACHED ASSURANCES IF THE ASSISTA	NCE IS AWARDED.			<u> </u>
a. Type Name of Authorized Representative	b. Title		c. Telephone Number 510-	-763-3410
Sally Gallegos	Director			, , , , , , , , , , , , , , , , , , , ,
d. Signature of Authorized Representative	Gallegen			il 23, 2003
Previous Edition Usable			Standard Form 424	, ,

OMB Approval No. 0348-0043

<b>APPLICATION FOR</b>				OMB A	pproval No. 0348-004
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED April 23	3, 2003	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	Y STATE	State Application Identifier	
<u>Ap</u> plication	Preapplication				
Construction	Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	
X Non-Construction	Non-Construction	<u> </u>			
5. APPLICANT INFORMATION		*	10		
Legal Name: Alameda County	Medical Cent	er .		y Health Care S	The second secon
Address (give city, county, State, 1900 Embarcader Oakland, CA 946 Alameda County 6. EMPLOYER IDENTIFICATION: 9 4 3 3 0 2 8. TYPE OF APPLICATION:  **New** If Revision, enter appropriate lett	N NUMBER (EIN):  O 1 4		this application (give a	number of person to be contactured code) Ms. Judy A (510) 891-5  jarmstrong@acm ANT: (enter appropriate letter in  H. Independent School Dist. I. State Controlled Institution of J. Private University K. Indian Tribe L. Individual	rmstrong 700 edctr.org box)
		J [] '	F. Intermunicipal	M. Profit Organization	
	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify Specia	1 Govt.
D. Decrease Duration Other(	specify):			Entity-Ho	spital
			9. NAME OF FEDER	AL AGENCY:	_
	,	·		elecommunicatio	
			Information	n Administratio	n
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJE	CT:
		1 1 -5 5 2	The Alame	da County	
Toobsol	ogy Opportuni		Telemedic	ine Network	
12. AREAS AFFECTED BY PRO Alameda Count  13. PROPOSED PROJECT	·				
			1. 5. 1. 1.		
1	a. Applicant	_	b. Project	nia- 9,10,13	
10/1/03 3/31/05 15. ESTIMATED FUNDING:	California-	9		SUBJECT TO REVIEW BY ST	CATE EVECUTIVE
70. EGYIMATED FORDING.			ORDER 12372 PI		ATE EXECUTIVE
a. Federal	\$ - TO	7 078 00			
	547	3,278.00	a. YES. THIS PRE	APPLICATION/APPLICATION V	NAS MADE
b. Applicant	\$ 54	4,209:00		E TO THE STATE EXECUTIVE FOR REVIEW ON:	ORDER 12372
c. State	\$ .	. 00	DATE 4	/23/03	
d. Local	\$	,00		AM IS NOT COVERED BY E. O	12372
e. Other	\$	58,266.00	<del></del>	GRAM HAS NOT BEEN SELEC	
f. Program Income	\$	, OD	17. IS THE APPLICA	NT DELINQUENT ON ANY FE	DERAL DEBT?
g. TOTAL	\$ 1,20	0,753.30	Yes If "Yes,"	attach an explanation.	<b>≭</b> No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	NLEDGE AND BELIEF, AL AUTHORIZED BY THE GO THE ASSISTANCE IS AWA	L DATA IN THIS APPLIC			
a. Type Name of Authorized Rep		b. Title		c. Telephone Number	
Ms. Judy Armstr d. Signature of Authorized Repre	sentative () -		ting Office	e, Date Signed	00
L \ Ma	ly amon	riep		4/23/03	
Previous Edition Usable / Authorized for Local Reproductio	$_{\mathbf{n}}\mathcal{J}^{'}$	<i>(</i> '		Standard Form 424 Prescribed by OMB	

APPLICATION FOR				OMB Approval No. 0348-00
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED  March 2	8, 2003	Applicant Identifier
1. TYPE OF SUBMISSION:	<u> </u>	3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication	April 24, 20		,,
Construction	Construction	4. DATE RECEIVED BY		Federal Identifier
Non-Construction     Non-Construction	Non-Construction	April 24,		
APPLICANT INFORMATION				
egal Name:			Organizational Unit:	
United Indian a N	Vations . Eng. E			
Address (give city, county, State	and zip edde):	# W L In	Name and telephone	number of person to be contacted on matters involv
	11.51	and a second	this application (give a	nrea code)
1320 Webster St. Oakland, CA 9461	12	3 2003	Lori J. Ta	aguma 510-763-3410
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
9 4 - 2 5 5 1	1 107 0-01-01			N
	<del>- HIVE</del> E CLEAD	SING HOUSE	A. State	H. Independent School Dist.
B. TYPE OF APPLICATION:	And the second s	III WILL III WILL	B. County	State Controlled Institution of Higher Learning
□ Nev	w Continuation	Revision	C. Municipal	J. Private University
trace-1			D. Township	K. Indian Tribe
If Revision, enter appropriate let	ter(s) in box(es)		E. Interstate	L. Individual
		<del></del>	F. Intermunicipal	M. Profit Organization N. Other (Specify) Non-profit
	crease Award C. Increase	e Duration	G. Special District	N. Other (Specify) Non-profit
D. Decrease Duration Other	(specify):		A MANE OF FEDER	AL ACENOV.
			9. NAME OF FEDERA	AL AGENCI:
		·		
				Indian Nations, Inc.
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
		1 1 - 5 5 2		•
				with a selfer aveiler mean
	Opportunities Pr		American	Indian Multi-Media Tech
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, Sta	ites, etc.):		
California,				·
Alameda, Contra			<u>- 10</u>	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI			
October 15-15-15-15-15-15-15-15-15-15-15-15-15-1	6,7,8, 9, 1	0, 12, 13, 14.	b. Project	
Start Date Ending Date	a. Applicant		D. Project	
_07-01-03_06-03-	05		40 10 4 10 10 10 10 10 10 10 10 10 10 10 10 10	OUR WOTTO DESIGNATOR PURCHTUE
15. ESTIMATED FUNDING:			1	SUBJECT TO REVIEW BY STATE EXECUTIVE
		00	ORDER 12372 PI	ROCESS?
a. Federal	\$	•	VEO TIMO DOE	A DRUGATION (A DRUGATION MAD MADE
		132,880.		APPLICATION/APPLICATION WAS MADE
b. Applicant	\$		i	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
- 61-1-		00	PROCESS	FOR REVIEW ON.
c. State	\$	•	DATE	April 23, 2003
d Local	\$	00		2 V 4 4 4 4 6 6 6 7 V V V
d. Local		,	h No TI DROGE	AM IS NOT COVERED BY E. O. 12372
e. Other	\$	00		GRAM HAS NOT BEEN SELECTED BY STATE
e. Ottiei		135,566.	FOR RE	· · · · · · · · · · · · · · · · · · ·
4 December 1		00	-	• • • •
f. Program Income	\$	•	17 IS THE ADDITION	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	- 00	7	
y. IOIAL		268,446.	Yes If "Yes,"	attach an explanation.
18 TO THE REST OF MY KNO			CATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE
				HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF				The second secon
a. Type Name of Authorized Re		b. Title		c. Telephone Number 510, 762, 2/10
•	prosonianvo			510-763-3410
Sally Gallegos d. Signature of Authorized Repr	esentative 🛂	Director		e. Date Signed
d. Signature of Admonized Repr	listal.	leave		April 23, 2003
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Authorized for Local Reproducti	00	[]		Prescribed by OMB Circular A-102

Application for		2. DATE SUB 04/2	MITTED 23/2003	Application Identifier
Federal Assistanc	e .			
1. TYPE OF SUBMISSION: Application	Preapplication	S. DATE REC	EIVED BY STATTE	State Application Identifier
☐ Construction	☐ Construction	4. DATE REC	EIVED BY FEDERAL AGENCY	Federal Identifier 4529 (Pour 1)
■ Non-Construction	□ Non-Construction			1628 (Rev 1)
S. APPLICANT INFORMATION	THE REST	n w F	Organizational Unit	
Legal Name The Advanceme	on Project 3 6 5	U V I		
Address (give city, county, state	s, and Pip code)		Name and telephone num	ber of the person to be contacted on matters involving this
1545 Wilshire Blvd. Suile 800	APR 2	2 3 2008	application (give area cod Mr. John Kim 213 - 989 - 1300 E	
Los Angeles, CA 90017			Iklm@advanceproj.c	mac
Los Angeles		ADIRIO L		
6. EMPLOYER IDENTIFICATIO	8 3 5 2	3 0	7. TYPE OF APPLICANT	: (Enter appropriate letter in box)
	لسنا لسبا لسنا ل	h	A. State B. County C. Municipal	H. Independent School District     State Controled Institution of Higher Education     J. Private University
B. TYPE OF APPLICATION:			O. Township E. Inberstate F. Intermunicipal	K. Indian Tribe L. Individual M. Profit Organization
New Con	thruation Rev	rision	G. Special District	N. Other (specify) Non-Profit Organization
lf revision, enter appropriate lett	er(s) in box(es);		9. NAME OF FEDERAL	AGENCY:
A. Increase Award B. Decre	ease Award C. Increase Du	ration		inications and information Administration
D. Decrease Duration E. Other	r (specify):			
	•			
	•			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	NUMBER: 11.8		OF APPLICANT'S PROJECT:
TITLE: Technology Opportun			The Hanifby Children	Healthy City Asset Mapping project is creating the earchable GIS-enabled database of health and human
12. AREAS AFFECTED BY PR Los Angeles County	ROJECT (cities, counties, st.	ates, etc.)	service assets in Los	Angeles County.
13. PROPOSED PROJECT:			RESSIONAL DISTRICTS OF:	b, Project
Start Date	Ending Date	a. Applica	nt	
10/01/2003	09/30/2006	34		California: 22,24-39,42,46
15, ESTIMATED FUNDING:		<u> </u>	18. IS APPLICATION SUBJECT	TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS
a. Federal	3 6	.00 055,865	e. YES THIS APPLICATIO 12372 PROCESS	ON WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORD FOR REVIEW ON:
b. Applicant		516,550 ~00		3/2003
c. State	<b>S</b>	00.00	b, no L PROGRAMIS	5 NOT COVERED, RÝ E.O., 12372
d. Local		192,000 .00	OR PROGRA	M HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program income	\$	• • •	17. IS THE APPLICANT DELING	UENT ON ANY FEDERAL DEBT?
g. TOTAL		407,100 .00		-
18. TO THE BEST OF MY KN BEEN DULY AUTHORIZED B ASSISTANCE IS AWARDED.	OWLEDGE AND BELIEF, A BY THE BOVERNING BODY	ALL DATA IN T Y OF THE APP	THIS APPLICATION/PREAPPLICA LICANT AND THE APPLICANT W	ATION ARE TRUE AND CORRECT, THE DOCUMENT HAS VILL COMPLY WITH THE ATTACHED ASSURANCES IF THE
			b. Title	c. Teleptione Number
a. Typed name of Authorized I Mr. John Kim	м 		Project Director	213 - 989 - 1300
d. Signature of Authorized Re	presentative			B. Data Signed
Previous Edition Usable	<del></del>			Standard Form 424 (REV & Preacribed by OMB Circular A
	$\bigvee$	Aut	horized for Local Reproduction	•

APPLICATION FOR				OMB Approval No. 0348-0043
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED April 22	, 2003	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction	Preapplication Construction	4 DATE DECENTED BY	PEDERAL ADENOV	Federal Identifier
Non-Construction	Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	rederal identifier
5. APPLICANT INFORMATION		<b>.</b>		
Legal Name: Californi		1	Organizational Unit:	
Address (give city, county, State)	and zip code):	califeracy e	this application (give a	number of person to be contacted on matters involving
Pasadena los Ana	1	E california Ton		Jza, 626-395-9989 ext. 20
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	Annual Control	7. TYPE OF APPLICA	ANT: (enter appropriate lefter in box)
95-2554	13 17 10 APR	2 3 2003	A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:	Bassal Garret		E. County  d. Municipal	State Controlled Institution of Higher Learning     J. Private University
⊠ New	Continuation	Revision	n Township	K. Indian Tribe
If Revision, enter appropriate lett	er(s) in pox(es)\ [	:ARING HOUS	E. Interstate	L. Individual
A. Increase Award B. Dec	rease Award C. Increase	Duration	F. Intermunicipal G. Special District	M. Profit Organization  N. Other (Specify) Nonprofit org.
D. Decrease Duration Other(		Duratori	О. Ороска, ология	J. J.
			9. NAME OF FEDERA	AL AGENCY:
4		-	Department	of Commerce
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:
,		11-550	Health Ele	estrain lamin Print
TITLE Tocharlas	y Opportunities Pro		lleally Di	ectronic learning Project
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Size	es, etc.):	(	(HFIP)
l ' •	· fomia		\	
	14. CONGRESSIONAL DIS	TRICTS OF		
13. PROPOSED PROJECT Health info, website	14. CONGRESSIONAL DIS	TRIOTO OF.	21.	
Start Date   Ending Date   7/1/03   6/30/06	a. Applicant A-39- Rep. A	dan Schiff	b. Project	54 (Statewide)
15. ESTIMATED FUNDING:			16. IS APPLICATION	
a. Federal	\$ 1100 021	oc oc	ORDER 12372 PR	OCESS?
d. regeral	° 4 <i>09,33</i> 1	•	a. YES. THIS PREA	PPLICATION/APPLICATION WAS MADE
b. Applicant	\$ 426,729	,oc		FOR REVIEW ON:
c. State	\$	oc	DATE	/23/03
d: Local	\$	6C	b. No.   PROGRA	M IS NOT COVERED BY E. O. 12372
e. Other	\$	<b>6C</b>	OR PROG FOR REV	GRAM HAS NOT BEEN SELECTED BY STATE IEW
f. Program Income	\$	<b>0</b> 0	17. IS THE APPLICAN	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 836,100	0		attach an explanation. 🔀 No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY	VLEDGE AND BELIEF, ALL	DATA IN THIS APPLICATION	ATION/PREAPPLICAT APPLICANT AND TH	ION ARE TRUE AND CORRECT, THE IE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWAI	RDED.		
		b. Tille Executive D	irector	c. Telephane Number 626-395-9989
d. Signature of Authorized Residen	sentatives from		·	e. Date Signed 4/22/03 Standard Form 424 (Rev. 7-97)

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	n Bernardino' ey MWD	909-387-9247 T-359	P.001/001 F-663
APPLICATION FOR		2. DATE SUBMITTED	Applicant Identifier
FEDERAL ASSISTANCE	Ε		
I. TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE	State Application Identifier
Application	Preapplication		
□ Construction ■ Non-Construction	☐ Construction☐ Non-Construction☐	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: San Bernardino Valley Municipal W	nter District	Organizational Unit:	
Address (give city, county, state, and zip code): 1350 South E Street San Bernardino, CA 92412-5906 San Bernardino County		Name and telephone number of the person to be contact application (give area code)  Robert M. Tincher, (909) 387-9215	ed on matters involving this
6 EMPLOYER IDENTIFICATION (EIN):  956005196  8. TYPE OF APPLICATION:  New © Continuation © Revision of the Rev	WANTE OF BARRIED YOUSE	7. TYPE OF APPLICANT: (enter appropriat A. State H. Independent Sch B. County I. State Controlled I C. Municipal J. Private Universit D. Township K. Indian Tribe E Interstate L. Individual F. Intermunicipal M. Profit Organizat G. Special District N. Other (Specify):	tool District Institution of Higher Learning y
Other specify.		9. NAME OF FEDERAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-80:	2	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJE  Develop groundwater quality model which will assist th  strategies for groundwater Contamination in the Area of within the San Bernardino Busin Area.	e district in developing remediation
12. AREAS AFFECTED BY PROJECT (cities, c	ounties, states, etc.):		
San Bernardino, California			
13. PROPOSED PROJECT:	14. CONGRESSIONAL DISTRICT OF:		
Start Date End Date	a. Applicant:		b. Project
1/2004 1/2006	42 nd District		42 nd District
15. Estimated Funding:	- T	16. IS APPLICATION SUBJECT TO REVIEW	W BY STATE EXECUTIVE ORDER
a. Federal	\$ 750,000	12372 PROCESS?	
b. Applicant	\$	a. YES. THIS PREAPPLICATION/APPLIC TO THE STATE EXECUTIVE ORDER	
c. State	\$	ON:	
d. Local	\$	DATE 4/24/03	
e. Other	\$	b NO.  □ PROGRAM IS NOT COVERED BY □ OR PROGRAM HAS NOT BEEN SI	
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FI	
g. TOTAL	750,000	☐ Yes If "Yes" attach an explanation.	□ No
18. TO THE BEST OF MY KNOWLEDG	GE AND BELIEF. ALL DATA IN THIS APPLI	ICATION/PREAPPLICATION ARE TRUE AND CORRED THE APPLICANT WILL COMPLY WITH THE ATTA	CT, THE DOCUMENT HAS BEEN
a. Typed Name of Authorized Representative. Ro	bert L. Reiter	b. Title: General Manager and Chief Engineer	c. Telephone Number (909) 387-9222
d. Signature of Authorized Representative			e. Date Signed
Previous Editions Not Usable			Standard Form 424A (REV 4-8)

## APPLICATION FOR

OMB Approval No. 0348-0043

FEDERAL ASSISTA	ANCE	2. DATE SUBMITTE	D 22, 2003	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	BY STATE	State Application Identifi	ier
Application Construction	Preapplication Construction	4. DATE RECEIVED	BY FEDERAL AGENC	Federal Identifier	
X Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:	<u> </u>		Organizational Unit;		
	ity College Dist	trict	Gerritos C	211-00	
Address (give city, county, State	a and zin gode):			number of person to be co	Otacted on matters invol
llllo Alondra E Norwalk, CA 9065	1 1 1 1 1		this application (give Bryan Reeco	area code)	TACTOR OF FIGURES WINDS
6. EMPLOYER IDENTIFICATION		2 3 2003	562/860-245 7. TYPE OF APPLIC	ANT: (enter appropriate lett	er in box)
A 72/05 OF 1 101/04 104			A. State	H. Independent School D	ist,
B. TYPE OF APPLICATION:  Nev	STATE CLE	ARMG HOUSE	B. County C. Municipal	State Controlled Institut     Private University	ion of Higher Learning
			D. Township	K. Indian Tribe	
If Revision, enter appropriate let	ter(s) in box(es)		E. Interstate	L. Individual	
A. Increase Award B. Dec D. Decrease Duration Other	trease Award C. Increase	e Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)	
			9. NAME OF FEDER	AL ACENCY.	
			Department	of Commerce, Nat tion Administrat	t'l Telecomm.
10. CATALOG OF FEDERAL DE	DMESTIC ASSISTANCE NO	IMRER:		TLE OF APPLICANT'S PRO	
Technology Opport		1 1 - 5   5   2	i I	hnology Training	
Los Angeles Count  3. PROPOSED PROJECT	y, tribes in up	to 20 states			
Start Date   Ending Date	m A mm Gamas				
10/1/03 9/30/06	a. Applicant 38th		b. Praject		
5. ESTIMATED FUNDING:	Joth		Variou		
o. Lothia (Co.Fonding.				YE WEIVER OT TOELBUR	STATE EXECUTIVE
. Federal	\$	. «	ORDER 12372 PR	OCESS?	
<u> </u>	496,238	•	A YES THIS PREA	PPLICATION/APPLICATIO	N IMAC MADE
. Applicant	\$ 247,781	- 46	AVAILABLE	TO THE STATE EXECUTION TO THE STATE EXECUTION TO THE STATE EXECUTION TO THE STATE OF THE STATE O	
State	\$ 0	00	DATE _4/		
. Local	\$		JA 1		
. Other	0			MIS NOT COVERED BY E.	
	\$ 252,200	οq	OR PROG FOR REVI	RAM HAS NOT BEEN SEL EW.	ECTED BY STATE
Program Income	10,000	.0 <b>4</b>			
TOTAL	\$	90		T DELINQUENT ON ANY F	
7 TO THE DEAT AT	1,006,219	. 0		tach an explanation.	Mo ∆
B. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A STACHED ASSURANCES IF T	NUTHORIZED BY THE GOV	'ERNING BODY OF THE	ATION/PREAPPLICATI APPLICANT AND THI	ON ARE TRUE AND CORF E APPLICANT WILL COMF	RECT, THE PLY WITH THE
Type Name of Authorized Repre	sentative	o. Title		. Telephone Number	
John Grindel /	1.	Interim Pres	ident	562/860-2451 x2	2204
Signature of Authorized Represo	Tan 1			Date Signed 4/23/03	
revious Edition Usable				1/2/03	•

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**Public Telecommunications Facilities Program** APPLICATION Check here if FOR PTFP FUNDS Revised Form NTIA/Department of Commerce/Washington DC 20230 OMB Approval 0660-0003 For PTFP CFDA 11.550 Use **APPLICATION PART I** 2. Employer 1. APPLICANT ID # (EIN) 95-2479872 South Orange County Community College District Legal Name Organizational Main Saddleback College / KSBR Station KSBR FM 88.5 Mailing Address (line 1) Call 28000 Marguerite Pkwy Letters Radio MHz Channel Address (line 2 if required) City Mission Viejo County Orange Zip 92692-NGH3. Administrative Contact wedel@saddleback.edu Mr., Ms., Dr. First Name M. I. Last Name Position Mr. Terry Wedel Operations Director Phone # (949) 582-4714 Fax # (949) 347-9693 4. Engineering Contact Mr. Mark Schiffelbein Engineer Name Phone 582-4882 Title Director of Technology **PROJECT INFORMATION** 5a. Enter "Y" if 5b. Old Reactivation File # FCC authorizations N are required 7. Enter letter(s) to classify project (P)lanning or Length of (R)adio or (T)V or (RT) for both (B)roadcast or (N)onbroadcast B R 12 (C)onstruction Project (# of or (BN) for both months) 9. Check ONE box which best describes the type of your project and enter the estimated number of persons that the project will benefit A. New Broadcast Station, Repeater or B. Broadcast C. Digital TV D. Nonbroadcast 10. Enter the Equipment Replacement, Conversion (e.g. Distance Learning Priority or Translator, 1st local origination Category Augmentation Activation of under which Expansion you request FIRST service added by CURRENTLY served by CURRENTLY served by the application proposed facility CURRENTLY served by applicant applicant be reviewed applicant ADDED SERVICE to those NEW service added by proposed 402,158 covered by others Enter "Y" if a facility multi-vear application 13. ESTIMATED FUNDING (whole dollars) 14. Is applicant subject to review by Executive Order 12372? a. Federal Request Enter NO If state has no Single Point of Contact Office of PTFP program is not selected for state review. Otherwise enter Yes. 42 48,446 Yes 12. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9) b. Applicant Share 48,447 44, 48, 49 c. TOTAL Is applicant delinquent on any Federal Debt? Enter YES or NO. If YES, attach explanation 96,893 NO d. Fed. % of eligible costs 50.00

16. CERTIFICATION BY AUTHORIZED REPRESENTATIVE To the best of my knowledge and belief, all data in this application are true and correct. The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded. Phone # (949) 582-4664 Mr., Ms., Dr First Name M. I. Last Name

Mr. Gary

Poertner

Date signed Deputy Chancellor

4/2/03

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#### APPLICATION FOR PTFP FUNDS PAGE 2

# Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

OMB Approval 0660-0003

A. State J. Private University B. County K. Indian Tribe C. Municipal L. Individual (NOTE: Not eligible for PTFP funding) D. Township M. Non-profit E. Interstate O. Other (specify) F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institute of Higher learning	Station Derations Full-Time Sta Part-Time Sta Volunteer erating Budge	THI Number	S YEAR Hrs./W	NEX k Nu 40 32 4	×	Hrs./Wk
A. State J. Private University B. County K. Indian Tribe C. Municipal L. Individual (NOTE: Not eligible for PTFP funding) D. Township M. Non-profit E. Interstate O. Other (specify) F. Intermunicipal G. Special District H. Independent School Distric	Perations  Full-Time Sta  Part-Time Sta  Volunteer  erating Budge  Membe  Enter **	Number  Number	Hrs./W 2 2	40 32 4	FUND Imber 2	DED Hrs./Wk
A State J. Private University B County K. Indian Tribe C. Municipal L. Individual (NOTE: Not eligible for PTFP funding) D. Township M. Non-profit E Interstate O. Other (specify) F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institute of Higher learning  Check if nonbroadcast application and therefore Q. 20 Not Applicable  Enter "Y" if applicant is currently CPB qualified  If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.  Date of expected qualification If applicant is not currently CPB qualified, enter "Y" if qualification is expected.  C1. New FCC Authorizations and/or New Sites required for this project (continue in Remarks and Incident and Incident application and Incident application is expected.	Full-Time Sta Part-Time Sta Volunteer erating Budge	uff ars 4	2 2 0	40 32 4	ımber 2	Hrs./Wk
B County K. Indian Tribe C. Municipal L. Individual (NOTE: Not eligible for PTFP funding) D. Township M. Non-profit E Interstate O. Other (specify) F. Intermunicipal G. Special District H. Independent School District H. Independent School District H. State Controlled Institute of Higher learning  P.O. Public Broadcasting Affiliations  Check if nonbroadcast application and therefore Q. 20 Not Applicable  Enter "Y" if applicant is currently CPB qualified enter "Y" if qualification is expected.  Date of expected qualification is expected.  This y  Next y  1. New FCC Authorizations and/or New Sites required for this project (continue in Remarks and Section 2015).	Part-Time Sta Volunteer erating Budge Membe Enter *	uff ars 4	2 2 0	40 32 4	2	
E Interstate O. Other (specify) F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institute of Higher learning  Check if nonbroadcast application and therefore Q. 20 Not Applicable  Enter "Y" if applicant is currently CPB qualified If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.  Date of expected qualification If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.  C1. New FCC Authorizations and/or New Sites required for this project (continue in Remarks and Section 1)  C2. Public Broadcasting Affiliations  C3. Public Broadcasting Affiliations  C4. Public Broadcasting Affiliations  C5. Public Broadcasting Affiliations  C6. Public Broadcasting Affiliations  C7. Public Broadcasting Affiliations  C7. Public Broadcasting Affiliations  C8. Public Broadcasting Affiliations  C8. Public Broadcasting Affiliations  C9. Public Broadcasting Affiliations  C1. Public Broadcasting Affiliations  C2. Public Broadcasting Affiliations  C3. Public Broadcasting Affiliations  C4. Public Broadcasting Affiliations  C6. Public Broadcasting Affiliations  C7. Public Broadcasting Affiliations  C7. Public Broadcasting Affiliations  C8. Public Broadcasting Affiliations  C8. Public Broadcasting Affiliations  C8. Public Broadcasting Affiliations  C9. Public Broadcasti	Part-Time Sta Volunteer erating Budge Membe Enter *	rs 4	2	32		
H. Independent School District  1. State Controlled Institute of Higher learning  Check if nonbroadcast application and therefore Q. 20 Not Applicable  Enter "Y" if applicant is currently CPB qualified  If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.  Date of expected qualification  Next y  1. New FCC Authorizations and/or New Sites required for this project (continue in Remarks and Power PCC).	Volunteer erating Budge Membe Enter*	rs 4	0	4	2	4(
Public Broadcasting Affiliations  Check if nonbroadcast application and therefore Q. 20  Not Applicable  Check if nonbroadcast application and therefore Q. 20  Not Applicable  If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.  Date of expected qualification  Next y  C1. New FCC Authorizations and/or New Sites required for this project (continue in Remarks and State Project)	erating Budge Membe Enter "					32
O. Public Broadcasting Affiliations  Check if nonbroadcast application and therefore Q. 20 Not Applicable  Enter "Y" if applicant is currently CPB qualified  If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.  Date of expected qualification  Next y  1. New FCC Authorizations and/or New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required for this project (continue in Remarks and New Sites required fo	Membe Enter *	et   \$	233,0	2 000	40	
application and therefore Q. 20 Not Applicable  If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.  Date of expected qualification Next y  Next y	Enter*			100  4		233,000
application and therefore Q. 20 Not Applicable  If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.  Date of expected qualification Next y  Next y	Enter*					
Enter "Y" if applicant is currently CPB qualified  If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.  Date of expected qualification  Next y  Next y		ership in nation	al public bro	adcasting	organizati	ions.
Date of expected qualification  If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.  1. New FCC Authorizations and/or New Sites required for this project (continue in Remarks:		Y" as appropria	ate.			
If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.  Next y  Next y  Next y	PBS	NPR	NFCB	PRI	Other	Other
1. New FCC Authorizations and/or New Sites required for this project (continue in Remarks:	ear					
1. New FCC Authorizations and/or New Sites required for this project (continue in Remarks :	ear					
	• •					
Yes (No) (circle one)     Have you applied to, intend to apply to, or received funds from another Please provide information regarding other Federal funds in the Remains.  3. List all public radio, TV stations or ITFS facilities which provide a similar  24. Areas	rks section be	gram for this problem or on anot	her page.			Point
rpe signal to the proposed service area (1 MV for FM, Grade B for TV).  City  Call Letters  Cities,	Lagun Irvine,	a Woods, La Aliso Vieio.	aguna Bea Lake Fore	ach, Nev est. Lag	wport Be	each, s. San
North Hollywood, CA KPFK Counties, States,	Niguel	Capistrano, I .Orange, S	nancho Sa an Diego (	anta Ma Countie	irgarita, s.	Laguna
City Call Letters Etc.)						
Long Beach, CA KKJZ City Call Letters						
Los Angeles, CA KUSC						
EMARKS (continuation of any items from page 1 or this page continue on plain paper attact	N	on il ne				
- (	had to this	age ii necessar	у)		·	

APPLICATION	N FOR		2. DATE SUBMITTED		Applicant Identifier	
FEDERAL A	SSISTA	NCE	04/14/2003	AND THE RESIDENCE OF THE PERSON OF THE PERSO		
1. TYPE OF SUBMISSI Application		plication	3. DATE RECEIVED BY	STATE	State Application Identifier	
Construction		onstruction	4. DATE RECEIVED BY F	EDERAL AGENCY	Federal Identifier	
Non-Construction	N	on-Construction				
5. APPLICANT INFOR	MATION					
Legal Name: Contra Costa Co	unty Health	Services			ealth Division. Homeless Pro	
Address (give city, cour	ity, state, and zip	code):	1		lephone number of the person to be con give area code)	ntacted on matters involving this
597 Center Aven Martinez. CA 94		55		(925) 313		
6. EMPLOYER IDENTI	4 - 6	0 0 0 5	() 9	A. State	ty   State Control	B School Dist. led Institution of Higher Learning
If Revision, enter appro	priate letter(s) in	box(es):		D. Town E. Inters		
A. Increase Award	•	Decrease Award	C. Increase Dura		municipal M Profit Organiz	zation
D. Decrease Duration	on Oth	ner (specify):		G. Spec	ial District N. Other (Specif	y),
					FEDERAL AGENCY: e Abuse and Mental Health !	Services Administration
TITLE Collaborate  12. AREAS AFFECTE Contra Costa Co	ve Initiative to El	nd Chronic Homeles		A multi-a	Coming Home: agency collaborative providir and support services to chror a Costa County.	ng integrated outreach. nically homeless individuals
13. PROPOSED PRO			NAL DISTRICTS OF:		b. Project	
1	Ending Date 19/3()/2()()8	a. Applicant			7 th and 10 th	
15. ESTIMATED FUN	DING:				EVIEW BY STATE EXECUTIVE ORDER	
a.Federal	\$	700,000		HIS PREAPPLICATION 12372 PROCESS FOR	APPLICATION WAS MADE AVAILABLE REVIEW ON:	Manager and Control of the Control o
b. Applicant	\$	209,367	DATE	04/09/20	003	
c State	\$	0	b № ⊠	PROGRAM IS NOT C	OVERED BY E.O 12372	PR 2 1 2003
d. Local	\$	1,079,283		OR PROGRAM HAS	NOT BEEN SELECTED STATE FOR R	EVIEW
e. Other	\$	1,014,613	17 IS APPLICATI	ION DELINQUENT ON	ANY FEDERAL DEBT?	
f. Program Income	\$	0	YES	If "Yes," attach an		⊠ No
g. TOTAL	\$	3,003,263			TOUR AND CORPERT THE DOCUMEN	T LAC DEEN DIII V
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a. Typed Name of Au Wendel Brunne	•	sentative		b. Title Director of Pub	lic Health Division	c. Telephone number (925) 313-6712
d. Signature of Auth	_					e. Date Signed
		del 1	Bruner	/		4/4/03

FEDERAL ASSISTAN	CE	2. DATE SUBMITTED	,	Applicant Identifi	iei	
1.TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	-	State Application	n Identifier	
Application Prea	pplication					
Construction	Construction	4. DATE RECEIVED BY FEDER	RAL AGENCY	Federal Identifier	•	
	Non-Construction					
5. APPLICANT INFORMA	TION	Day Fire Dont	1	· · · · Com	min i + iz	Service Area 40
Legal Name: Annapolis Address (give city, county, state,						contacted on matters involving
2300 County Ce			this applicati	on <i>(give area cod</i>	de)	<b>!</b>
Suite 221, Bui		7 6				grantwriter
Santa Rosa, CA	-		(707)	565-28	71	
6. EMPLOYER IDENTIFICATION (			7. TYPE OF	APPLICANT: (ente	er appropriate l	etter in box)
		5 3 9	A. State		Independent S	chool Dist.
8. TYPE OF APPLICATION:			B. County C. Municip	al J.	Private Univer	ed Institution of Higher Learning rsity
X Ne	ew Cont	inuation Revision	D. Towns E. Interst	ate L.	Indian Tribe Individual	
			F. Intermu G. Special	nicipal M. District N.	Profit Organize Other (Specify)	ation )
If Revision, enter appropriate lette	er(s) in		Rura	l volunt	eer fir	e department
A. Ilicicase Allara	Decrease Award her (specify):	c. Increase Duration				
D. Decrease Duration Off	na. (Speeny).		9. NAME OF	FEDERAL AGEN	CY:	
Revised Consti	ruction Co	osts	IIGD A	- Rural	Detrolo	nment
						-
10. CATALOG OF FEDERAL DON	MESTIC ASSISTANC	E NUMBER:		TIVE TITLE OF A		
		0 - 7 6 6				Department
TITLE:	<u> </u>					constructed at
12. AREAS AFFECTED BY PROJ	JECT (Cities, Counties	, States, etc.)	-	‡32630 A	nnapoli	s Road
County of Sor	noma		be	etween Q	_	nd South Branch
		TOOLOUGH DIOTRICTO				Roads
13. PROPOSED PROJEC	a. Applicant	ESSIONAL DISTRICTS (	OF:	piect		
Start Date Ending Date	, ,	istrict	ł	nstruct	ion	
15	ESTIMATED FU		16. IS	APPLICATION S	UBJECT TO RE	VIEW BY STATE EXECUTIVE
10.	T			RDER 12372 PRO	OCESS?	
a. Federal	\$ 50,000			AVAILAE	BLE TO THE ST	A/APPLICATION WAS MADE ATE EXECUTIVE ORDER
b. Applicant	\$ 25,000	.00		12372 PI	ROCESS FOR F	(EVIEW ON:
c. State	\$		1			
				DATE		
d. Local	\$ 155,000	.00 (County &	CDBG)		OCDAM IS NOT	COVERED BY E.O. 42272
d. Local		0.00 (County &		o. NO PRO		COVERED BY E.O. 12372
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			und.)	o. NO PRO	PROGRAM HAS TE FOR REVIEN T DELINQUENT	NOT BEEN SELECTED BY W ON ANY FEDERAL DEBT?
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							OMB Approval No. 0348-0043
APPLICATION F				2. DATE SUBMITTED		Applic	cant Identifier
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1. TYPE OF SUBMISSION	:	Preapplication		3, DATE RECEIVED B	ISIAIE	State	ippineuron automos
Application  ⊠ Construction		Construction					
<b>⊠</b> Non-Construction		☐ Non-Construction		4. DATE RECEIVED BY	V EEDEDAI	ACENCY Feder	al Identifier
	TON			4. DATE RECEIVED B	I PEDEKAL	AGENCY POSS	
5. APPLICANT INFORMA Legal Name	TION			Organizational Unit:			
Los Angeles County M	1etropol	itan Transportation Au	thority	Programming	and Polic	ey Analysis	
Address (give city, state, and				Name and telephone num area code)	nber of the pe	rson to be contacted	on matters involving this application (give
One Gateway				Steve Henley			
Los Angeles, (	Califor	nia 90012-2952		(213) 922-3093	3		
6. EMPLOYER IDENTIFIC 95 - 44 0 19		NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter app	oropriate letter in box	) <b>N</b>
8. TYPE OF APPLICATIO				A State H I	independent S	School Dist. ed Institution of Hi	ahar Legrning
New   Continuation		evision		C Municipal J D Township K	State Controll Private Unive Indian Tribe Individual	ersity	gner Learning
If Revision, enter appropris	ite letter(	s) in box(es): A – increase	e award	F Interstate L F Intermunicipal M G Special District M	A Profit Orga	nnization cify)	
	Decrease A		tion	State Chartere	d Trancit	District	
D Decrease Duration O	ther (spec	rify)		9. NAME OF FEDERA		District	
				Federal Trans		istration	
		20 505	7	11. DESCRIPTIVE TIT			r:
10. CATALOG OF FEDER ASSISTANCE NUMBER TITLE 49 U.S.C.	₹		•	Fiscal Year 2003			
12. AREAS AFFECTED BY			etc )	-			
12. AREAS AFFECTED B	r PROJE	C1 (cutes, counties, sittles,					
City and County of L			- ACCONTACTOR OF				
13. PROPOSED PROJECT	`	14. CONGRESSIONAL I				b. Project	
Start Date		Ending Date a.	Applicant			•	
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f Program Income	\$	.00	17. IS THE APPLIC	CANT DELINQUENT ON	ANT FEDER	CAL DEDI.	
			☐ Yes If "Y	'es" attach an explanation	⊠ No	0	
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g TOTAL	\$	290,327,960.00					
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18. TO THE BEST OF MY KNO GOVERNING BODY OF THE	OWLEDGI APPLICAN	E AND BELIEF, ALL DATA I YT AND THE APPLICANT W	N THIS APPLICATION F ILL COMPLY WITH TH	PREAPPLICATION ARE TRUE E ATTACHED ASSURANCE	JE AND CORRI S IF THE ASSI	ECT. THE DOCUMENT IS AWARDE	YT HAS BEEN DULY AUTHORIZED BY THE CD
a Typed Name of Authorize	ed Repres	entative			b Title		c Telephone number
FRANK FLORES					Programmin	cutive Officer, ng & Policy Analysis	(213) 922-2456
d. Signature of Authorized	Refresen	tative			e. Date Signe		
	1 5	Ha.	,		04	1/11/03	
1 gent		go				1 - 7 - 0	
Previous Editions Not Usabl	e						Standard Form 424 REV 4/88

APPLICATI FEDERAL A	ASSISTANC	E	2. DATE SUBMITTED		OMB Approval No. 0348- Applicant Identifier
1. TYPE OF SUBMI	:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Constructi		olication nstruction			
─ Non-Const		n-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFOR		in-Construction			
Legal Name: Com	munity Serv	vice Progra	ams, Inc.	Organizational Uni	t:Victim Assistance Programs
Address ( <i>give city, d</i>	county, state, and zip	code):		Name and telepho	ne number of the person to be contacted on matters involving
182	l E. Dyer I	Rd. Suite 2	200	this application (gi	ive area code)
San	ita Ana, CA	92705		I .	Linker, Susan D. (949) 975–0244
6. EMPLOYER IDEN	ITIFICATION NUMBER	R (EIN):		7. TYPE OF APPLI	CANT: (enter appropriate letter in box)
9	5 - 3	1 6 7	8 6 6	A. State	H. Independent School Dist.
TYPE OF APPLICA			1-1010	B. County C. Municipal	State Controlled Institution of Higher Learning     Private University
. TIPE OF APPLICA				D. Township	S. Indian Tribe
	∑ New	☐ Continuat	ion 🗌 Revision	E. Interstate	L. Individual
Revision, enter an	propriate letter(s) in t	oox(es).	П	F. Intermunicipa	- 3
A. Increase Awa			. Increase Duration	G. Special Distr	ict N. Other (Specify):Non-profit
D. Decrease Du		_	. morease Duidlion	9. NAME OF FEDER	RAL AGENCY:
				Offic	e of Violence Against Women
<ol> <li>CATALOG OF FEI ASSISTANCE NU</li> </ol>		1 6	5 2 8	11. DESCRIPTIVE 1	TITLE OF APPLICANT'S PROJECT:
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				Training	Grants to Ston Abuse and Sexual
2. AREAS AFFECTE	ning and Te	es, counties, states, e	P(c.):		Grants to Stop Abuse and Sexual Against Older Individuals with ties
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2. AREAS AFFECTE Elderly assault  PROPOSED PRO Start Date 10/01/03  ESTIMATED FUND Federal  Applicant  State  Local  Other  Program Income  TOTAL  TO THE BEST OF M THORIZED BY THE C	ED BY PROJECT (cities and disable and domestics)  JECT: Ending Date 9/30/05  DING: \$ 297,75 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 10 \$ 10 \$ 10 \$ 10	a. Applicant  14. CONGRESSI a. Applicant  7 .00 .00 .00 .00 .00 BELIEF, ALL DATA IN	of sexual  ONAL DISTRICTS OF:  16. IS APPLICATION a. YES. THIS STATE  DATE  b NO.   17. IS THE APPLICATION YES If	Assault ADISABILIAN DISABILIAN SUBJECT TO REVIEW PREAPPLICATION AE EXECUTIVE ORDER PROGRAM HAS INTO DELINQUENT ON "Yes," attach an explain application are true comply with the attachment of th	Against Older Individuals with ties  b. Project CA45 CA46 CA 47  EW BY STATE EXECUTIVE ORDER 12372 PROCESS?  PPLICATION WAS MADE AVAILABLE TO THE FOR 12372 PROCESS FOR REVIEW ON:  OVERED BY E.O. 12372  NOT BEEN SELECTED BY STATE FOR REVIEW CO HOUSE ANY FEDERAL DEBT?  Nation.  No
2. AREAS AFFECTE Elderly assault  3. PROPOSED PRO. Start Date 10/01/03  3. ESTIMATED FUND Federal Applicant State Local Other Program Income TOTAL TO THE BEST OF MITHORIZED BY THE C	ED BY PROJECT (cities and disable and domestics)  JECT: Ending Date 9/30/05  DING: \$ 297,75 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ for a second and	a. Applicant  14. CONGRESSI a. Applicant  7 .00 .00 .00 .00 .00 BELIEF, ALL DATA IN	of sexual  ONAL DISTRICTS OF:  16. IS APPLICATION  a. YES. THIS STATE  DATE  b NO.  17. IS THE APPLICATION/PREA  ITHIS APPLICATION/PREA  ND THE APPLICANT WILL	Assault ADISABILIAN DISABILIAN SUBJECT TO REVIEW PREAPPLICATION AE EXECUTIVE ORDER PROGRAM HAS INTO DELINQUENT ON "Yes," attach an explain application are true comply with the attachment of th	Against Older Individuals with ties  b. Project CA45 CA46 CA 47  EW BY STATE EXECUTIVE ORDER 12372 PROCESS?  PPLICATION WAS MADE AVAILABLE TO THE FR 12372 PROCESS FOR REVIEW ON:  OVERED BY E.O. 12372  NOT BEEN SELECTED BY STATE FOR REVIEW CHOUSE  ANY FEDERAL DEBT?  nation.  X No  TE AND CORRECT, THE DOCUMENT HAS BEEN DULY TACHED ASSURANCES IF THE ASSISTANCE IS AWARDED
2. AREAS AFFECTE Elderly assault  3. PROPOSED PRO. Start Date 10/01/03  3. ESTIMATED FUND Federal Applicant State Local Other Program Income TOTAL TO THE BEST OF MITHORIZED BY THE C	ED BY PROJECT (c)the and disable and domestic and domestic state of the state of th	a. Applicant  14. CONGRESSI a. Applicant  7 .00 .00 .00 .00 .00 BELIEF, ALL DATA IN	of sexual  ONAL DISTRICTS OF:  16. IS APPLICATION a. YES. THIS STATE  DATE  b NO.   17. IS THE APPLICATION YES If	Assault ADISABILIAN DISABILIAN SUBJECT TO REVIEW PREAPPLICATION AE EXECUTIVE ORDER PROGRAM HAS INTO DELINQUENT ON "Yes," attach an explain application are true comply with the attachment of th	Against Older Individuals with ties  b. Project CA45 CA46 CA 47  EW BY STATE EXECUTIVE ORDER 12372 PROCESS?  PPLICATION WAS MADE AVAILABLE TO THE ER 12372 PROCESS FOR REVIEW ON:  OVERED BY E.O. 12372  NOT BEEN SELECTED BY STATE FOR REVIEW OF HOUSE ANY FEDERAL DEBT?  nation.  X No  RE AND CORRECT, THE DOCUMENT HAS BEEN DULY TACHED ASSURANCES IF THE ASSISTANCE IS AWARDED  EVE Director  C. Telephone number

T-093 P.02

OMB Approval No. 0348-0043

APPLICATION FUR		2. DATE SUBMITTED		Applicant Identifier	
EDERAL ASSISTANCE		April 17, 2003			
. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				
APPLICANT INFORMATION			Organizational Unit:		
Legal Name: University of Southern California			Institute for Civic Enterprise		
University of Southern Camornia			Name and telephone number of person to be contacted on matters involve this application (give area code)  Dr. Tridib Baneriee (213) 740-4724		
Address (givo city, county, State, and zip codo):					
Los Angeles, Los Angeles County, CA, 90089					
B. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	4.2	7. TYPE OF APPLICA	N'T: (enter appropriate lotter in box)	
9 5 - 1 6 4 2		EGELV	GA. State	H. Independent School Dist.	
3. TYPE OF APPLICATION:			15B. Caupit	I. State Controlled Institution of Higher Learning	
□ Nov	w Continuation	Revision	C. Municipal	J Private University	
pd		7 4年 17 2003	Dijounship	K. Indian Tribe	
lf Revision, enter appropriate let	ler(s) in box(es)	1 / 2000			
	1 (1		f. Intermunicipal	N. Other (Specify)	
1 () III al mana I I I I I I I	crease Award Sirera	en Duration	G. Spuplar District	14. Office (Opening)	
D. Decrease Duration Other	(specify):	E CLEARING H	ON ME OF FEDER	AL AGENCY:	
			U.S. Dept. of Co	mmerce, Economic Development Admir	
10. CATALOG OF FEDERAL	OMESTIC ASSISTANCE	NUMBÉR:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:	
•		1 1 3 0 3	University Cente	r Program for Economic Deveopment	
	a l Tarbui	Analotopoo			
TITLE: Economic L	Development - Technic	cal Assistance	-		
12. AREAS AFFECTED BY PR		_	-		
Imperial, Inyo, Kern, Los	Angeles, Mono, Orar	ige, Riverside, San B	3.		
13. PROPOSED PROJECT	14. CONGRESSIONAL I				
Start Date Ending Date	a. Applicant		b. Project		
Start Date   Ending Date   5/1/03   4/30/04		rlct 32	•	Districts 20-52	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:			ORDER 12372 P		
a. Federal	\$	110,000		THE TONE OF TONE WAS MADE	
		110,000	a, YES, THIS PRE	APPLICATION/APPLICATION WAS MADE	
b. Applicant	\$	120,216	AVAILABLE TO THE STATE EXECUTIVE ORDER PROCESS FOR REVIEW ON:		
c, State	\$	. 00	DATE	04/17/03	
	4	, oa			
d. Local	\$		b. No. 🔲 PROGE	AM IS NOT COVERED BY E. O. 12372	
e, Other	\$	Ġo .	GR PROGRAM HAS NOT BEEN SELECTED BY STAT		
f. Program Income	\$	an .			
		01		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	230,216	-	" attach an explanation. No	
18. TO THE BEST OF MY KN	OWLEDGE AND BELIEF,	ALL DATA IN THIS APPL	ICATION/PREAPPLICA	ATION ARE TRUE AND CORRECT, THE	
DOCUMENT HAS BEEN DUI	LY AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES	IF THE ASSISTANCE IS A	WARDED.			
a. Type Name of Authorized Representative b. Title		h. Title	dministrato	c. Telephone Number r (213) 740-7762	
Cristina Wilson Sr. Ca			umenisti <u>ato</u>	e. Date Signed,	
d. Signature of Authorized	presentative			4/17/03	
Previous Edition Usable	<u> </u>			Standard Form 424 (Rev. 7-97)	
a what was feet and December	cuios	•		Prescribed by OMB Circular A-102	

## PART I - FACE SHEET

APPLICATION FO	R FEDERAL ASSIST	1. TYPE OF SUBM			
2a. DATE SUBMITTED TO CORPORA FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	TION 3. DATE RECEIVED BY STATE:	6 2003	ON IDENTIFIER:		
04/16/03	4. DATE RECEIVED	GRANT NUMBER:	GRANT NUMBER:		
2b. APPLICATION ID:	04/16/03	DING HOLD 01SCPCA046	DISCPCADA6		
03SC030114	- 100037 ATE U.S.	IN to the second			
5. APPLICATION INFORMATION  LEGAL NAME: The CSU, Chico Resear	ch Foundation	PERSON TO BE CONTACTED ON M area codes):	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):  NAME: Carol A. Childens TELEPHONE NUMBER: 530-898-4307		
ADDRESS (give street address, city,	state and zip code):				
Office of Sponsored Programs Kendall Hall, Room 114 Chico CA 95929 - 0870		FAX NUMBER: 530-898-4870			
6. EMPLOYER IDENTIFICATION NU	MBER (EIN):	7. TYPE OF APPLICANT:			
680386518		7a. Non-Profit			
		7b. 4-year college			
B. TYPE OF APPLICATION:  NEW  REVISION  If Revision, enter appropriate letter(s)	CONTINUATION  in box(es):				
A. Increase Award B. Decrea	ise Award C. Increase Duration				
D. Decrease Duration		9. NAME OF FEDERAL AGENCY:  Corporation for Natio	9. NAME OF FEDERAL AGENCY:  Corporation for National and Community Service		
		14 DESCRIPTIVE THE OF ADDITO	ANTS PROJECT:		
	STIC ASSISTANCE NUMBER: 94.016	CHICO SCP	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
10b. TITLE: Senior Companion Prog	ram	CHICO SGF			
12. AREAS AFFECTED BY PROJEC Butte, Gleun, Colusa, Tehama and Pl					
13, PROPOSED PROJECT: START I	DATE: 07/01/02 END DATE: 06/30/05	14. PERFORMANCE PERIOD: STAR	14. PERFORMANCE PERIOD: START DATE: END DATE:		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO R	EVIEW BY STATE EXECUTIVE		
a. FEDERAL	\$ 78,036.00	ORDER 12372 PROCESS?			
b. APPLICANT	\$ 116,240.00	X YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR			
c. STATE	\$ -73,198.00	REVIEW ON: DATE: 18-APR-03	1		
d. LOCAL	\$ 17,027.00				
e, OTHER	\$ 10,375.00				
F. PROGRAM INCOME	\$ 15,640.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  YES if "Yes," attach an explanation. X NO			
g. TOTAL	\$ 194,276.00	TES II I ES, ALIACIT	all dyplanetion.		
18. TO THE BEST OF MY KNOWLED DULY AUTHORIZED BY THE GOVE IS AWARDED.	OGE AND BELIEF, ALL DATA IN THIS APPLI RNING BODY OF THE APPLICANT AND TH	CATION/PREAPPLICATION ARE TRUE AN HE APPLICANT WILL COMPLY WITH THE A	D CORRECT, THE DOCUMENT HAS BEEN ATTACHED ASSURANCES IF THE ASSISTANCE		
a. TYPED NAME OF AUTHORIZED	REPRESENTATIVE: 6. TITLE:	• • •	o, TELEPHONE NUMBER:		
JeffWright /	Director, Office	æ of Sponsored Programs	530-898-5700		
( ala	LUNK		d. DATE: 04/16/03		

## PART I - FACE SHEET

ADDLICATION EC	R FEDERAL ASSISTAN	1, TYPE OF SUBMISSION:		
APPLICATION FO	IN I EBERAL ABOID IN	<b>-</b>	Non-Construction	
2a. DATE SUBMITTED TO CORPORA FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	STION 3. DATE RECEIVED BY STATE:		STATE APPLICATION IDENTIFIER:	
04/16/03 2b, APPLICATION ID:	4. DATE RECEIVED:		GRANT NUMBER:	
03SF029986	04/16/03	n.	02SFPCA035	
5. APPLICATION INFORMATION		E E		
LEGAL NAME: The CSU, Chico Resear	ch Foundation	NAME AND CONTERBON TO BE C area codes); NAME: Carpi A. C	TACT INFORMATION FOR PROJECT DIRECTOR OR OTHER CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give bilders	
ADDRESS (give street address, city, Office of Sponsored Programs Kendall Hall, Room 114 Chico CA 95929 - 0870	APR 1 6 200	TELEPHONE NUI FAX NUMBER: (5 INTERNET E-MAI	WBER: (530)898-4307 (30)898-4870 LADDRESS: cchilders@csuchico.edu	
6. EMPLOYER IDENTIFICATION NU	IMBER (EIN): SIAIE. ULEAKINU	7 TYPE OF-APPLICANT:		
680386518		7a. Non-Profit		
		7b. 4-year college		
8. TYPE OF APPLICATION:  NEW X REVISION If Revision, enter appropriate letter(s	CONTINUATION ) in box(es);  see Award  C. Increase Duration			
D. Decrease Duration				
D. Decisase Duration		9. NAME OF FEDERAL AGENCY:		
		Corporat	ion for National and Community Service	
10a. CATALOG OF FEDERAL DOME	ESTIC ASSISTANCE NUMBER: 94.011	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
10b. TITLE: Foster Grandparents		CSU CHICO	-GF	
12. AREAS AFFECTED BY PROJECT Butte and Colusa Counties	T (List Cities, Counties, States, etc):	•		
13. PROPOSED PROJECT: START	DATE: 07/01/02 END DATE: 06/30/05	14. PERFORMAN	CE PERIOD: START DATE: END DATE:	
15. ESTIMATED FUNDING:		16. IS APPLICATI	ON SUBJECT TO REVIEW BY STATE EXECUTIVE	
a. FEDERAL	\$ 282,145.00	ORDER 12372 PF	ROCESS?	
b. APPLICANT	\$ 114,151.00	X YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 18-APR-03		
c. STATE	\$ 44,506.00			
d. LOCAL	\$ 63,475.00			
e. OTHER	\$ 6,170.00			
f. PROGRAM INCOME	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  YES If "Yes," attach an explanation. X NO		
g. TOTAL	\$ 396,296.00			
	L DGE AND BELIEF, ALL DATA IN THIS APPLICAT ERNING BODY OF THE APPLICANT AND THE A	ION/PREAPPLICAT	TON ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE	
a. TYPED NAME OF AUTHORIZED	REPRESENTATIVÉ: 6. TITLE:	1 14	.c. TELEPHONE NUMBER:	
JeffWright	Director, Office of	onsored Programs 530-898-5700		
	Ally		d. DATE: 04/16/03	